

# FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **USE FEC MAILING LABEL OR TYPE OR PRINT** Example: If typing, type over the lines  
Political Action Committee of the American Association of Orthopaedic Surgeons

ADDRESS (number and street) 317 Massachusetts Avenue, NE  
1st Floor  
 Check if different than previously reported. (ACC)  
Washington DC 20002

2. **FEC IDENTIFICATION NUMBER** C00343137  
**3. IS THIS REPORT**  NEW (N) **OR**  AMENDED (A)

4. **TYPE OF REPORT** (Choose One)  
(a) Quarterly Reports:  
 April 15 Quarterly Report(Q1)  
 July 15 Quarterly Report(Q2)  
 October 15 Quarterly Report(Q3)  
 January 31 Quarterly Report(YE)  
 July 31 Mid-Year Report(Non-election Year Only) (MY)  
 Termination Report (TER)  
(b) Monthly Report Due On:  
 Feb 20 (M2)  May 20 (M5)  Aug 20 (M8)  Nov 20 (M11) (Non-Election Year Only)  
 Mar 20 (M3)  Jun 20 (M6)  Sep 20 (M9)  Dec 20 (M12) (Non-Election Year Only)  
 Apr 20 (M4)  Jul 20 (M7)  Oct 20 (M10)  Jan 31 (YE)  
(c) 12-Day **PRE-Election** Report for the:  Primary (12P)  General (12G)  Runoff (12R)  
 Convention (12C)  Special (12G)  
Election on 10 19 2006 in the State of  
(d) 30-Day **Post -Election** Report for the:  General (30G)  Runoff (30R)  Special (30S)  
Election on in the State of

5. Covering Period 10 01 2006 through 10 18 2006

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer William J. Robb, III, MD

Signature of Treasurer Electronically Filed by William J. Robb, III, MD Date 10 20 2006

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

Write or Type Committee Name  
Political Action Committee of the American Association of Orthopaedic Surgeons

Report Covering the Period: From: 

M	M
1	0

D	D
0	1

Y	Y	Y	Y
2	0	0	6

 To: 

M	M
1	0

D	D
1	8

Y	Y	Y	Y
2	0	0	6

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>6</td></tr></table>	Y	Y	Y	Y	2	0	0	6		652130.44
Y	Y	Y	Y							
2	0	0	6							
(b) Cash on Hand at Beginning of Reporting Period .....	589794.90									
(c) Total Receipts (from Line 19) .....	90653.19	920888.47								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	680448.09	1573018.91								
7. Total Disbursements (from Line 31) .....	382706.99	1275277.81								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	297741.10	297741.10								
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									
10. Debts and Obligations owed <b>BY</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									

This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

**For further information contact:**

Federal Election Commission  
999 E street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

**DETAILED SUMMARY PAGE  
OF RECEIPTS**

Write or Type Committee Name

Political Action Committee of the American Association of Orthopaedic Surgeons

Report Covering the Period: From: 

M	M
1	0

D	D
0	1

Y	Y	Y	Y
2	0	0	6

 To: 

M	M
1	0

D	D
1	8

Y	Y	Y	Y
2	0	0	6

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees	85350.00	841610.00
(i) Itemized (use Schedule A) .....	4050.00	61080.00
(ii) Unitemized .....	89400.00	902690.00
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) .....	89400.00	902690.00
12. Transfers From Affiliated/Other Party Committees .....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received .....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) .....	1253.19	13198.47
16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....	0.00	5000.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3) .....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) .....	90653.19	920888.47
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	90653.19	920888.47

**DETAILED SUMMARY PAGE**  
of Disbursements

<b>II. DISBURSEMENTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	1206.99	13198.47
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	1206.99	13198.47
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	81500.00	659655.00
24. Independent Expenditure (use Schedule E) .....	300000.00	600000.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	1500.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) .....	0.00	1500.00
29. Other Disbursements.....	0.00	924.34
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share .....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	382706.99	1275277.81
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	382706.99	1275277.81

**DETAILED SUMMARY PAGE**  
of Disbursements

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3) .....	89400.00	902690.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	1500.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	89400.00	901190.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	1206.99	13198.47
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	1253.19	13198.47
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	-46.20	0.00

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 / 89
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
Political Action Committee of the American Association of Orthopaedic Surgeons

**A.** Full Name (Last, First, Middle Initial)  
Dr. Joseph P McCormick, MD

Mailing Address Affinity Orthopaedics  
1531 S Madison St 4th Fl

City State Zip Code  
Appleton WI 54915-1800

FEC ID number of contributing federal political committee. **C**

Name of Employer Affinity Orthopaedics Occupation Orthopaedic Surgeon

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 0 / 0 3 / 2 0 0 6

Transaction ID: 24704725

Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
Robert H Haralson, III, MD, M

Mailing Address American Academy of Orthopaedic Su  
6300 N River Rd

City State Zip Code  
Rosemont IL 60018-4206

FEC ID number of contributing federal political committee. **C**

Name of Employer American Academy of Orthopaedic Surgeon Occupation Orthopaedic Surgeon

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 0 / 0 3 / 2 0 0 6

Transaction ID: 24704726

Amount of Each Receipt this Period  
500.00

**C.** Full Name (Last, First, Middle Initial)  
Dr. Paul K Peartree, MD

Mailing Address Greater Rochester Orthopaedics  
30 Hagen Dr Ste 220

City State Zip Code  
Rochester NY 14625-2658

FEC ID number of contributing federal political committee. **C**

Name of Employer Greater Rochester Orthopaedics Occupation Orthopaedic Surgeon

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 0 / 0 3 / 2 0 0 6

Transaction ID: 24704727

Amount of Each Receipt this Period  
250.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1000.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 / 89
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial) <b>A.</b> Dr. John R Schwappach, , MD		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 3 / 2 0 0 6	
Mailing Address 330 Forest St		<b>Transaction ID:</b> 24704729	
City State Zip Code Denver CO 80220-5753	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Self Employed	Occupation Orthopaedic Surgeon		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) <b>B.</b> Dr. Mark A Coppes, , MD		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 3 / 2 0 0 6	
Mailing Address 1227 Shannock Rd		<b>Transaction ID:</b> 24704730	
City State Zip Code Charlestown RI 02813-3725	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Self Employed	Occupation Orthopaedic Surgeon		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00		

Full Name (Last, First, Middle Initial) <b>C.</b> Dr. Thomas E Fithian, , MD		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 3 / 2 0 0 6	
Mailing Address 730 Thimble Shoals Blvd Ste 130		<b>Transaction ID:</b> 24704731	
City State Zip Code Newport News VA 23606-4562	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Self Employed	Occupation Orthopaedic Surgeon		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	1500.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 / 89
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
Political Action Committee of the American Association of Orthopaedic Surgeons

<b>A.</b> Full Name (Last, First, Middle Initial) Dr. Kevin Charles Booth, MD		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 0 3 / 2 0 0 6	
Mailing Address Northern California Spine Inst 5725 W Las Positas Blvd Ste 200		<b>Transaction ID:</b> 24704732	
City Pleasanton State CA Zip Code 94588-4007		Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Self Employed		Occupation Orthopaedic Surgeon	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00	

<b>B.</b> Full Name (Last, First, Middle Initial) Dr. Peter G Noordsij, MD		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 0 3 / 2 0 0 6	
Mailing Address Concord Orthopaedics PA 264 Pleasant St		<b>Transaction ID:</b> 24704733	
City Concord State NH Zip Code 03301-7500		Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Concord Orthopaedics PA		Occupation Orthopaedic Surgeon	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00	

<b>C.</b> Full Name (Last, First, Middle Initial) Dr. Bernard Manuel Seger, MD		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 0 3 / 2 0 0 6	
Mailing Address 601 Texan Trail Ste 300		<b>Transaction ID:</b> 24704734	
City Corpus Christi State TX Zip Code 78411-2549		Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Self Employed		Occupation Orthopaedic Surgeon	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	1000.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 / 89
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
Political Action Committee of the American Association of Orthopaedic Surgeons

**A.** Full Name (Last, First, Middle Initial)  
Dr. Michael L Schmitz, MD

Mailing Address 5445 Meridian Mark Ste 250

City Atlanta State GA Zip Code 30342-4767

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation Orthopaedic Surgeon

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 0 3 / 2 0 0 6

Transaction ID: 24704735

Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
Dr. George J Kellis, MD

Mailing Address 17461 Deep View Dr

City Chagrin Falls State OH Zip Code 44023-1419

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation Orthopaedic Surgeon

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 0 3 / 2 0 0 6

Transaction ID: 24704736

Amount of Each Receipt this Period  
250.00

**C.** Full Name (Last, First, Middle Initial)  
Dr. Mark R Wilson, MD

Mailing Address 5315 Elliott Dr Ste 202

City Ypsilanti State MI Zip Code 48197-8634

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation Orthopaedic Surgeon

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 0 3 / 2 0 0 6

Transaction ID: 24704737

Amount of Each Receipt this Period  
500.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1000.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 10 / 89
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
Political Action Committee of the American Association of Orthopaedic Surgeons

**A.** Full Name (Last, First, Middle Initial)  
Dr. Christopher Zingas, MD

Mailing Address 22151 Moross Rd Ste 212

City State Zip Code  
Detroit MI 48236-2177

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation  
Self Employed Orthopaedic Surgeon

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 0 3 / 2 0 0 6

**Transaction ID: 24704738**

Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
Dr. Christopher Lawrence Lee, MD

Mailing Address 22151 Moross Rd Ste 212

City State Zip Code  
Detroit MI 48236-2177

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation  
Self Employed Orthopaedic Surgeon

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 0 3 / 2 0 0 6

**Transaction ID: 24704739**

Amount of Each Receipt this Period  
250.00

**C.** Full Name (Last, First, Middle Initial)  
Dr. Paul R Miller, MD

Mailing Address 17670 St James Rd

City State Zip Code  
Brookfield WI 53045-2061

FEC ID number of contributing federal political committee. **C**

Name of Employer Advanced Healthcare Occupation  
Advanced Healthcare Orthopaedic Surgeon

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 0 3 / 2 0 0 6

**Transaction ID: 24705169**

Amount of Each Receipt this Period  
250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **750.00**

**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 / 89
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
Political Action Committee of the American Association of Orthopaedic Surgeons

<b>A.</b> Full Name (Last, First, Middle Initial) Dr. Keith W Miller, , MD		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 0 3 / 2 0 0 6
Mailing Address Central Indiana Ortho 3600 W Bethel Ave		<b>Transaction ID:</b> 24705170
City Muncie State IN Zip Code 47304-5407	Amount of Each Receipt this Period 200.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Central Indiana Orthopedics	Occupation Orthopaedic Surgeon	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 750.00	

<b>B.</b> Full Name (Last, First, Middle Initial) Dr. Christian P Christensen, , MD		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 0 3 / 2 0 0 6
Mailing Address 700 Bob-O-Link Dr		<b>Transaction ID:</b> 24705171
City Lexington State KY Zip Code 40504	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Lexington Clinic	Occupation Orthopaedic Surgeon	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

<b>C.</b> Full Name (Last, First, Middle Initial) Dr. Knute C Buehler, , MD		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 0 3 / 2 0 0 6
Mailing Address 2200 NE Neff Rd Ste 200		<b>Transaction ID:</b> 24705172
City Bend State OR Zip Code 97701-4281	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Orthopedic & Neurosurgical Ctr of the	Occupation Orthopaedic Surgeon	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 750.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	1700.00
<b>TOTAL</b> This Period (last page this line number only) .....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 12 / 89
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial) <b>A.</b> Dr. Cooper L Terry, , MD		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 0 3 / 2 0 0 6
Mailing Address 497 Azalea Dr Ste 102		<b>Transaction ID:</b> 24705173
City Oxford	State MS	Zip Code 38655-7901
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 500.00
Name of Employer Oxford Orthopaedic & Sports Medicine	Occupation Orthopaedic Surgeon	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1500.00	

Full Name (Last, First, Middle Initial) <b>B.</b> Dr. Jeffrey R Smith, , MD		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 0 3 / 2 0 0 6
Mailing Address 2646 N Foothill Dr		<b>Transaction ID:</b> 24705174
City Provo	State UT	Zip Code 84604-4390
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 750.00	

Full Name (Last, First, Middle Initial) <b>C.</b> Dr. Jonathan L Chang, , MD		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 0 3 / 2 0 0 6
Mailing Address 707 S Garfield Ave Ste 201		<b>Transaction ID:</b> 24705175
City Alhambra	State CA	Zip Code 91801-4438
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 100.00
Name of Employer Pacific Orthopaedic Group	Occupation Orthopaedic Surgeon	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1350.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	850.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 13 / 89
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
Political Action Committee of the American Association of Orthopaedic Surgeons

**A.** Full Name (Last, First, Middle Initial)  
Dr. Brian Jeffrey Bear, MD

Mailing Address 324 Roxbury Rd

City State Zip Code  
Rockford IL 61107-5090

FEC ID number of contributing federal political committee. **C**

Name of Employer  
Rockford Orthopedic Associates

Occupation  
Orthopaedic Surgeon

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 0 / 0 3 / 2 0 0 6

**Transaction ID:** 24705176

Amount of Each Receipt this Period  
500.00

**B.** Full Name (Last, First, Middle Initial)  
Dr. Carl L Highgenboten, MD

Mailing Address 7777 Forest Ln C106

City State Zip Code  
Dallas TX 75230-6831

FEC ID number of contributing federal political committee. **C**

Name of Employer  
Self Employed

Occupation  
Orthopaedic Surgeon

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 0 / 0 3 / 2 0 0 6

**Transaction ID:** 24705178

Amount of Each Receipt this Period  
250.00

**C.** Full Name (Last, First, Middle Initial)  
Dr. Michael F Sacco, MD

Mailing Address 120 Norlyn Dr

City State Zip Code  
Walnut Creek CA 94596-4258

FEC ID number of contributing federal political committee. **C**

Name of Employer  
Self Employed

Occupation  
Orthopaedic Surgeon

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 0 / 0 3 / 2 0 0 6

**Transaction ID:** 24705180

Amount of Each Receipt this Period  
500.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1250.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 / 89
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
Political Action Committee of the American Association of Orthopaedic Surgeons

**A.** Full Name (Last, First, Middle Initial)  
Dr. Benjamin E Bierbaum, MD

Mailing Address 91 Parker Hill Ave

City State Zip Code  
Boston MA 02120-3215

FEC ID number of contributing federal political committee. **C**

Name of Employer Longwood Orthopaedics Occupation Orthopaedic Surgeon

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 3000.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 0 / 0 3 / 2 0 0 6

Transaction ID: 24705181

Amount of Each Receipt this Period  
1000.00

**B.** Full Name (Last, First, Middle Initial)  
Dr. John D Kelly, IV, MD

Mailing Address Temple University Hospital  
Dept of Orthopaedics 5th Fl

City State Zip Code  
Philadelphia PA 19140

FEC ID number of contributing federal political committee. **C**

Name of Employer Temple University Occupation Orthopaedic Surgeon

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1250.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 0 / 0 3 / 2 0 0 6

Transaction ID: 24705183

Amount of Each Receipt this Period  
250.00

**C.** Full Name (Last, First, Middle Initial)  
Dr. Kanwaldeep S Sidhu, MD

Mailing Address 22151 Moross Ste 212

City State Zip Code  
Detroit MI 48236-2177

FEC ID number of contributing federal political committee. **C**

Name of Employer St Clair Orthopaedics Occupation Orthopaedic Surgeon

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 0 / 0 3 / 2 0 0 6

Transaction ID: 24705184

Amount of Each Receipt this Period  
250.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1500.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 15 / 89
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
Political Action Committee of the American Association of Orthopaedic Surgeons

**A.** Full Name (Last, First, Middle Initial)  
Dr. Benjamin David Sutker, MD

Mailing Address 210 E DeRenne Ave

City State Zip Code  
Savannah GA 31405-6736

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation  
Self Employed Orthopaedic Surgeon

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 0 2 / 2 0 0 6

Transaction ID: 24705187

Amount of Each Receipt this Period  
1000.00

**B.** Full Name (Last, First, Middle Initial)  
Dr. Don A Lowry, MD

Mailing Address 2 Celeste Dr

City State Zip Code  
Johnstown PA 15905-2832

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation  
Self Employed Orthopaedic Surgeon

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 0 2 / 2 0 0 6

Transaction ID: 24705188

Amount of Each Receipt this Period  
1000.00

**C.** Full Name (Last, First, Middle Initial)  
Dr. Michael Behr, MD

Mailing Address 2800 Howell Mill Rd

City State Zip Code  
Atlanta GA 30327-1334

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation  
Self Employed Orthopaedic Surgeon

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 0 2 / 2 0 0 6

Transaction ID: 24705189

Amount of Each Receipt this Period  
500.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	2500.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 / 89		
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16

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NAME OF COMMITTEE (In Full)  
Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial) <b>A.</b> Dr. Steven B Wolf, , MD		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 2 / 2 0 0 6	
Mailing Address 875 Poplar Church Rd		<b>Transaction ID:</b> 24705190	
City State Zip Code Camp Hill PA 17011-2208	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Self Employed Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Orthopaedic Surgeon Aggregate Year-to-Date ▼ 500.00		

Full Name (Last, First, Middle Initial) <b>B.</b> Dr. Richard J D'Ascoli, , MD		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 2 / 2 0 0 6	
Mailing Address 530 Liberty St		<b>Transaction ID:</b> 24705192	
City State Zip Code Schenectady NY 12305-2025	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Self Employed Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Orthopaedic Surgeon Aggregate Year-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) <b>C.</b> Dr. Timothy K Schultz, , MD		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 2 / 2 0 0 6	
Mailing Address 1111 Delafield St Ste 120		<b>Transaction ID:</b> 24705193	
City State Zip Code Waukesha WI 53188-3402	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Self Employed Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Orthopaedic Surgeon Aggregate Year-to-Date ▼ 1000.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	1750.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 / 89		
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16

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NAME OF COMMITTEE (In Full)  
Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial) <b>A.</b> Dr. Terry L Whipple, , MD		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 0 2 / 2 0 0 6	
Mailing Address PO Box 70386		<b>Transaction ID:</b> 24705194	
City Richmond	State VA	Zip Code 23255-0386	Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. C			
Name of Employer Self Employed	Occupation Orthopaedic Surgeon		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

Full Name (Last, First, Middle Initial) <b>B.</b> Dr. Charles H Moser, , MD		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 0 2 / 2 0 0 6	
Mailing Address 820 Emerald St #401		<b>Transaction ID:</b> 24705195	
City Saint Paul	State MN	Zip Code 55114-1444	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C			
Name of Employer Self Employed	Occupation Orthopaedic Surgeon		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) <b>C.</b> Dr. Alfredo L Axtmayer, , MD		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 0 2 / 2 0 0 6	
Mailing Address 8 Research Pkwy		<b>Transaction ID:</b> 24705196	
City Wallingford	State CT	Zip Code 06492-1964	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C			
Name of Employer Self Employed	Occupation Orthopaedic Surgeon		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	1000.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 / 89
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
Political Action Committee of the American Association of Orthopaedic Surgeons

**A.** Full Name (Last, First, Middle Initial)  
Dr. Thomas J Meyer, , MD

Mailing Address 1441 Avocado Ave Ste 802

City State Zip Code  
Newport Beach CA 92660-7709

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation  
Self Employed Orthopaedic Surgeon

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 0 2 / 2 0 0 6

**Transaction ID:** 24705198

Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
Dr. Diana Lynn Kruse, , MD

Mailing Address 208 Phillips Blvd

City State Zip Code  
Sauk City WI 53583-1523

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation  
Self Employed Orthopaedic Surgeon

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 0 2 / 2 0 0 6

**Transaction ID:** 24705199

Amount of Each Receipt this Period  
250.00

**C.** Full Name (Last, First, Middle Initial)  
Dr. Jeffrey Einer Johnson, , MD

Mailing Address Washington Univ Sch of Med  
660 S Euclid, 11300 WP

City State Zip Code  
Saint Louis MO 63110

FEC ID number of contributing federal political committee. **C**

Name of Employer Washington University School of Medici Occupation  
Washington University School of Medici Orthopaedic Surgeon

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 0 2 / 2 0 0 6

**Transaction ID:** 24705224

Amount of Each Receipt this Period  
250.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>750.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 / 89
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/>	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
Political Action Committee of the American Association of Orthopaedic Surgeons

**A.** Full Name (Last, First, Middle Initial)  
Dr. Randolph Copeland, MD

Mailing Address 1609 Red Rock Dr

City State Zip Code  
Gallup NM 87301-5651

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
US Public Health Service, IHS Orthopaedic Surgeon

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 650.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 0 2 / 2 0 0 6

Transaction ID: 24705225

Amount of Each Receipt this Period  
100.00

**B.** Full Name (Last, First, Middle Initial)  
Dr. E Michael Keating, MD

Mailing Address 1199 Hadley Rd

City State Zip Code  
Mooreville IN 46158-1797

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Joint Replacement Surgeons of Indiana Orthopaedic Surgeon

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 2000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 0 2 / 2 0 0 6

Transaction ID: 24705226

Amount of Each Receipt this Period  
1000.00

**C.** Full Name (Last, First, Middle Initial)  
Dr. Alan R Gurd, MD

Mailing Address 7970 Darbys Run

City State Zip Code  
Chagrin Falls OH 44023-4839

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Self Employed Orthopaedic Surgeon

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 1250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 0 2 / 2 0 0 6

Transaction ID: 24705227

Amount of Each Receipt this Period  
250.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1350.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 / 89
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
Political Action Committee of the American Association of Orthopaedic Surgeons

**A.** Full Name (Last, First, Middle Initial)  
Dr. James F Fahey, Jr, MD

Mailing Address 4828 Corrales Rd

City Corrales State NM Zip Code 87048-8612

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Village Councilor

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 0 2 / 2 0 0 6

Transaction ID: 24705228

Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
Dr. Susan M Swank, , MD

Mailing Address 7 Chaparral Ln

City Rancho Palos Verde State CA Zip Code 90275-5167

FEC ID number of contributing federal political committee. **C**

Name of Employer PIH/Spine Ctr Occupation Orthopaedic Surgeon

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 700.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 0 2 / 2 0 0 6

Transaction ID: 24705229

Amount of Each Receipt this Period  
100.00

**C.** Full Name (Last, First, Middle Initial)  
Dr. Thomas John Haverbush, , MD

Mailing Address 315 E Warwick Rd Ste A

City Alma State MI Zip Code 48801-1083

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation Orthopaedic Surgeon

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 0 2 / 2 0 0 6

Transaction ID: 24705230

Amount of Each Receipt this Period  
250.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	600.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 / 89
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
Political Action Committee of the American Association of Orthopaedic Surgeons

**A.** Full Name (Last, First, Middle Initial)  
Dr. David B Basch, , MD

Mailing Address 90 Sparta Ave

City State Zip Code  
Sparta NJ 07871-1730

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation  
Self Employed Orthopaedic Surgeon

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼  
1750.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 0 / 0 2 / 2 0 0 6

**Transaction ID:** 24705231

Amount of Each Receipt this Period  
1000.00

**B.** Full Name (Last, First, Middle Initial)  
Dr. John C Bax, , MD

Mailing Address 2323 N Casaloma Dr  
PO Box 7700

City State Zip Code  
Appleton WI 54913-8284

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation  
Self Employed Hand Surgeon

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼  
1500.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 0 / 0 2 / 2 0 0 6

**Transaction ID:** 24705232

Amount of Each Receipt this Period  
500.00

**C.** Full Name (Last, First, Middle Initial)  
Dr. John H Bargren, , MD

Mailing Address 1112 6th Ave Ste 300

City State Zip Code  
Tacoma WA 98405-4048

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation  
Self Employed Orthopaedic Surgeon

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 0 / 0 2 / 2 0 0 6

**Transaction ID:** 24705233

Amount of Each Receipt this Period  
500.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>2000.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 / 89
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 12
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial) <b>A.</b> Dr. Edward S Jeffries, , MD		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 0 2 / 2 0 0 6
Mailing Address 24715 Little Mack Ste 100		<b>Transaction ID:</b> 24705234
City State Zip Code Saint Clair Shores MI 48080-3207	FEC ID number of contributing federal political committee. <b>C</b>	Amount of Each Receipt this Period 250.00
Name of Employer Self Employed Self Employed	Occupation Orthopaedic Surgeon	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>B.</b> Dr. Daniel J Martin, Jr, MD		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 0 2 / 2 0 0 6
Mailing Address 621 S New Ballas Rd Ste 5015B		<b>Transaction ID:</b> 24705236
City State Zip Code Saint Louis MO 63141-8200	FEC ID number of contributing federal political committee. <b>C</b>	Amount of Each Receipt this Period 250.00
Name of Employer Self Employed Self Employed	Occupation Orthopaedic Surgeon	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 950.00	

Full Name (Last, First, Middle Initial) <b>C.</b> Dr. Alan S Routman, , MD		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 0 2 / 2 0 0 6
Mailing Address North Ridge Medical Plaza 5601 N Dixie Highway Ste 210		<b>Transaction ID:</b> 24705238
City State Zip Code Oakland Park FL 33334-4145	FEC ID number of contributing federal political committee. <b>C</b>	Amount of Each Receipt this Period 1000.00
Name of Employer Self Employed Self Employed	Occupation Orthopaedic Surgeon	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1500.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 23 / 89
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
Political Action Committee of the American Association of Orthopaedic Surgeons

**A.** Full Name (Last, First, Middle Initial)  
Dr. Jose A Cancio, , MD

Mailing Address 351 Hostos Ave  
Bldg 409

City State Zip Code  
Mayaguez PR 00682-6353

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Self Employed Orthopaedic Surgeon

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 2000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 0 2 / 2 0 0 6

**Transaction ID:** 24705239

Amount of Each Receipt this Period  
1000.00

**B.** Full Name (Last, First, Middle Initial)  
Dr. Alan Rosen, , MD

Mailing Address 17270 Red Oak Dr Ste 200

City State Zip Code  
Houston TX 77090-2632

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
KSF Orthopaedic Center Orthopaedic Surgeon

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 0 3 / 2 0 0 6

**Transaction ID:** 24709305

Amount of Each Receipt this Period  
500.00

**C.** Full Name (Last, First, Middle Initial)  
Dr. Isador H Lieberman, , MD

Mailing Address Cleveland Clinic Foundation  
Dept of Ortho Surg A 41

City State Zip Code  
Cleveland OH 44195-0001

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
The Cleveland Clinic Foundation Orthopaedic Surgeon

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 0 3 / 2 0 0 6

**Transaction ID:** 24709306

Amount of Each Receipt this Period  
250.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1750.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 24 / 89
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
Political Action Committee of the American Association of Orthopaedic Surgeons

**A.** Full Name (Last, First, Middle Initial)  
Dr. Marc I Malberg, MD

Mailing Address 1527 State Hwy 27 Ste 1300

City Somerset State NJ Zip Code 08873-2979

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation Orthopaedic Surgeon

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 0 3 / 2 0 0 6

**Transaction ID:** 24709308

Amount of Each Receipt this Period  
500.00

**B.** Full Name (Last, First, Middle Initial)  
Dr. Thomas M Green, MD

Mailing Address Virginia Mason Med Ctr MS X6 ORT

City Seattle State WA Zip Code 98101-2756

FEC ID number of contributing federal political committee. **C**

Name of Employer Virginia Mason Occupation Orthopaedic Surgeon

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 0 3 / 2 0 0 6

**Transaction ID:** 24709309

Amount of Each Receipt this Period  
1000.00

**C.** Full Name (Last, First, Middle Initial)  
Dr. Brett R Bolhofner, MD

Mailing Address 4600 4th St N

City Saint Petersburg State FL Zip Code 33703-3822

FEC ID number of contributing federal political committee. **C**

Name of Employer All Florida Orthopaedics Occupation Orthopaedic Surgeon

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 0 3 / 2 0 0 6

**Transaction ID:** 24709310

Amount of Each Receipt this Period  
1000.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	2500.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 / 89
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
Political Action Committee of the American Association of Orthopaedic Surgeons

**A.** Full Name (Last, First, Middle Initial)  
Dr. Charles D Cardenas, , MD

Mailing Address Calallen Orthopaedics LLP  
14317 Northwest Blvd

City State Zip Code  
Corpus Christi TX 78410-5123

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Calallen Orthopaedics Orthopaedic Surgeon

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 750.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 0 3 / 2 0 0 6

**Transaction ID:** 24709879

Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
Dr. Kevin J McGuire, , MD

Mailing Address 60 Colby St

City State Zip Code  
Needham MA 02492-4040

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Univ of PA Health System Orthopaedic Resident

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 0 3 / 2 0 0 6

**Transaction ID:** 24709881

Amount of Each Receipt this Period  
250.00

**C.** Full Name (Last, First, Middle Initial)  
Dr. E Bruce Bynum, , DO

Mailing Address 4292 SW Agate Ave

City State Zip Code  
Corvallis OR 97333-1178

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Corvallis Clinic Orthopaedic Surgeon

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 1200.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 0 3 / 2 0 0 6

**Transaction ID:** 24709883

Amount of Each Receipt this Period  
1000.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1500.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 / 89
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
Political Action Committee of the American Association of Orthopaedic Surgeons

**A.** Full Name (Last, First, Middle Initial)  
Dr. Richard Mills Roberts, , MD

Mailing Address 2120 N MacArthur Blvd Ste 100

City Irving State TX Zip Code 75061-2260

FEC ID number of contributing federal political committee. **C**

Name of Employer Irving Orthopaedics & Sports Medicine Occupation Orthopaedic Surgeon

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 2500.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 0 / 0 3 / 2 0 0 6

**Transaction ID:** 24709884

Amount of Each Receipt this Period  
1000.00

**B.** Full Name (Last, First, Middle Initial)  
Dr. Gregory R Holt, , MD

Mailing Address The Orthopaedic Center  
1809 E 13th St Ste 100

City Tulsa State OK Zip Code 74104-4419

FEC ID number of contributing federal political committee. **C**

Name of Employer Oklahoma Sports Medicine Occupation Orthopaedic Surgeon

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 0 / 0 3 / 2 0 0 6

**Transaction ID:** 24709885

Amount of Each Receipt this Period  
500.00

**C.** Full Name (Last, First, Middle Initial)  
Dr. George Cierny, III, MD

Mailing Address 7910 Frost St  
Ste 120

City San Diego State CA Zip Code 92123-2771

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation Orthopaedic Surgeon

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 0 / 0 3 / 2 0 0 6

**Transaction ID:** 24710774

Amount of Each Receipt this Period  
500.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	2000.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 27 / 89
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
Political Action Committee of the American Association of Orthopaedic Surgeons

**A.** Full Name (Last, First, Middle Initial)  
Dr. Steven M Sanders, , MD

Mailing Address 2020 Palomino Ln Ste 220

City State Zip Code  
Las Vegas NV 89106-4891

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation  
Self Employed Orthopaedic Surgeon

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 0 2 / 2 0 0 6

**Transaction ID:** 24711118

Amount of Each Receipt this Period  
500.00

**B.** Full Name (Last, First, Middle Initial)  
Dr. William L Healy, , MD

Mailing Address Lahey Clinic  
41 Mall Rd

City State Zip Code  
Burlington MA 01805-0001

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation  
Self Employed Orthopaedic Surgeon

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 0 2 / 2 0 0 6

**Transaction ID:** 24711119

Amount of Each Receipt this Period  
250.00

**C.** Full Name (Last, First, Middle Initial)  
Dr. Scott A Meyer, , MD

Mailing Address Iowa Orthopaedic Center, PC  
411 Laurel St Ste 3300

City State Zip Code  
Des Moines IA 50314-3027

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Iowa Orthopaedic Center Orthopaedic Surgeon

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 0 2 / 2 0 0 6

**Transaction ID:** 24711121

Amount of Each Receipt this Period  
500.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1250.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 28 / 89
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
Political Action Committee of the American Association of Orthopaedic Surgeons

**A.** Full Name (Last, First, Middle Initial)  
Dr. Carlos Guanche, , MD

Mailing Address 24948 Lorenzo Ct

City State Zip Code  
Calabasas CA 91302-3088

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
The Orthopaedic Center Orthopaedic Surgeon

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 0 2 / 2 0 0 6

Transaction ID: 24711122

Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
Dr. Robert Hall, , MD

Mailing Address 3801 Lake Otis Pkwy Ste 300

City State Zip Code  
Anchorage AK 99508

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Self Employed Orthopaedic Surgeon

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 0 2 / 2 0 0 6

Transaction ID: 24711124

Amount of Each Receipt this Period  
250.00

**C.** Full Name (Last, First, Middle Initial)  
Dr. Saint Elmo Newton, III, MD

Mailing Address 801 Broadway 10th Fl

City State Zip Code  
Seattle WA 98122-4396

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Self Employed Orthopaedic Surgeon

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 750.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 0 2 / 2 0 0 6

Transaction ID: 24711125

Amount of Each Receipt this Period  
250.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	750.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 29 / 89
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
Political Action Committee of the American Association of Orthopaedic Surgeons

**A.** Full Name (Last, First, Middle Initial)  
Dr. Jeffrey W Cook, MD

Mailing Address Franklin Ortho & Sports Med  
3310 Aspen Grove Dr Ste 102

City Franklin State TN Zip Code 37067-2841

FEC ID number of contributing federal political committee. **C**

Name of Employer Franklin Ortho & Sports Medicine  
Occupation Orthopaedic Surgeon

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 0 2 / 2 0 0 6

Transaction ID: 24711126

Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
Dr. Gregory K Johnson, MD

Mailing Address 288 Groveland St

City Haverhill State MA Zip Code 01830-6669

FEC ID number of contributing federal political committee. **C**

Name of Employer Associates in Orthopedics  
Occupation Orthopaedic Surgeon

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
450.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 0 2 / 2 0 0 6

Transaction ID: 24711128

Amount of Each Receipt this Period  
250.00

**C.** Full Name (Last, First, Middle Initial)  
Dr. Peter R Heinzemann, MD

Mailing Address PO Box 1608

City Fayetteville State AR Zip Code 72702-1608

FEC ID number of contributing federal political committee. **C**

Name of Employer Ozark Ortho & Sports Med Clinic  
Occupation Orthopaedic Surgeon

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 0 2 / 2 0 0 6

Transaction ID: 24711129

Amount of Each Receipt this Period  
250.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>750.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 30 / 89
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial) <b>A.</b> Dr. Russell J Crider, , MD		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 0 2 / 2 0 0 6
Mailing Address 225 Community Dr Ste 120		<b>Transaction ID:</b> 24711132
City State Zip Code Great Neck NY 11021-5506	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Self Employed Occupation Orthopaedic Surgeon		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>B.</b> Dr. Richard M Bargar, , MD		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 0 2 / 2 0 0 6
Mailing Address 575 Turnpike St Ste 11		<b>Transaction ID:</b> 24711134
City State Zip Code North Andover MA 01845-5937	Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Orthopaedics Northeast Occupation Orthopaedic Surgeon		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) <b>C.</b> Dr. Herbert I Hermele, , MD		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 0 2 / 2 0 0 6
Mailing Address Orthopaedic Specialty Group,PC 75 Kings Highway Cutoff		<b>Transaction ID:</b> 24711135
City State Zip Code Fairfield CT 06824-5340	Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Self Employed Occupation Orthopaedic Surgeon		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	450.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 31 / 89
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial) <b>A.</b> Dr. John O Cletcher, Jr, MD		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 0 2 / 2 0 0 6	
Mailing Address Box 150		Transaction ID: 24711137	
City State Zip Code Hygiene CO 80533-0150		Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Occupation Front Range Ortho Center Orthopaedic Surgeon			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) <b>B.</b> Dr. Champ L Baker, Jr, MD		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 0 2 / 2 0 0 6	
Mailing Address 6262 Veterans Pkwy PO Box 9517		Transaction ID: 24711138	
City State Zip Code Columbus GA 31909-3540		Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Occupation Hughston Orthopaedic Clinic Orthopaedic Surgeon			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1500.00	

Full Name (Last, First, Middle Initial) <b>C.</b> Dr. Raymond L Horwood, , MD		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 0 2 / 2 0 0 6	
Mailing Address 1575 Balmoral Way		Transaction ID: 24711140	
City State Zip Code Westlake OH 44145-2416		Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Occupation Orthopaedic Associates, Inc Orthopaedic Surgeon			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 750.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	850.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 32 / 89
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial) <b>A.</b> Dr. Ken Yamaguchi, MD		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 0 2 / 2 0 0 6
Mailing Address One Barnes Hospital Plaza Ste 11300 West Pavilion		Transaction ID: 24711141
City State Zip Code Saint Louis MO 63110-1003	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Washington University School of Medicine	Occupation Orthopaedic Surgeon	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2000.00	

Full Name (Last, First, Middle Initial) <b>B.</b> Dr. Mohammad Sirajullah, MD		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 0 5 / 2 0 0 6
Mailing Address 5558 Bienvenida Ter		Transaction ID: 24722398
City State Zip Code Palmdale CA 93551-5728	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) <b>C.</b> Dr. Kenneth C Lennon, MD		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 0 5 / 2 0 0 6
Mailing Address High Point Med Ctr 611 Lindsay St Ste 200		Transaction ID: 24722401
City State Zip Code High Point NC 27262-4318	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer High Point Medical Center	Occupation Orthopaedic Surgeon	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	1750.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 33 / 89
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
Political Action Committee of the American Association of Orthopaedic Surgeons

**A.** Full Name (Last, First, Middle Initial)  
Dr. Louis U Bigliani, , MD

Mailing Address PH-1130 Center  
622 W 168th St

City State Zip Code  
New York NY 10032-3720

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Columbia University Orthopaedic Surgeon

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 350.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 0 5 / 2 0 0 6

Transaction ID: 24722402

Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
Dr. Thomas J Blumenfeld, , MD

Mailing Address 1020 29th St Ste 450

City State Zip Code  
Sacramento CA 95816-5173

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Self Employed Orthopaedic Surgeon

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 0 5 / 2 0 0 6

Transaction ID: 24722403

Amount of Each Receipt this Period  
500.00

**C.** Full Name (Last, First, Middle Initial)  
Dr. Thomas P Sculco, , MD

Mailing Address Attn: Carol Ibsen  
Hosp for Special Surgery

City State Zip Code  
New York NY 10021-4892

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Hospital for Special Surgery Orthopaedic Surgeon

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 0 5 / 2 0 0 6

Transaction ID: 24722404

Amount of Each Receipt this Period  
500.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1250.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 34 / 89
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
Political Action Committee of the American Association of Orthopaedic Surgeons

**A.** Full Name (Last, First, Middle Initial)  
Dr. Nicholas M Halikis, MD

Mailing Address 4201 Torrance Blvd Ste 640

City Torrance State CA Zip Code 90503-4524

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation Orthopaedic Surgeon

Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 450.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 0 5 / 2 0 0 6

Transaction ID: 24722405

Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
Dr. Alan H Wilde, MD

Mailing Address 8542 Windsor Way

City Broadview Heights State OH Zip Code 44147-1790

FEC ID number of contributing federal political committee. **C**

Name of Employer Stulberg, Wilde Inc Occupation Orthopaedic Surgeon

Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 0 5 / 2 0 0 6

Transaction ID: 24722406

Amount of Each Receipt this Period  
700.00

**C.** Full Name (Last, First, Middle Initial)  
Dr. Robert H Clayburgh, MD

Mailing Address Valley Bone & Joint Clinic  
3035 Demers Ave

City Grand Forks State ND Zip Code 58201-4025

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation Orthopaedic Surgeon

Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 0 5 / 2 0 0 6

Transaction ID: 24722407

Amount of Each Receipt this Period  
500.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1450.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 35 / 89
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
Political Action Committee of the American Association of Orthopaedic Surgeons

**A.** Full Name (Last, First, Middle Initial)  
Dr. Rick A Raimondo, MD

Mailing Address Reconstructive Orthopaedics PA  
Tower Medical Bldg Ste 6

City Lumberton State NJ Zip Code 08048-3089

FEC ID number of contributing federal political committee. **C**

Name of Employer Reconstructive Orthopaedics Occupation Orthopaedic Surgeon

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 0 5 / 2 0 0 6

Transaction ID: 24722408

Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
Dr. David M Henneghan, MD

Mailing Address 2111 Shadow View Circle

City Plover State WI Zip Code 54467-2943

FEC ID number of contributing federal political committee. **C**

Name of Employer Rice Medical Center Occupation Orthopaedic Surgeon

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 0 5 / 2 0 0 6

Transaction ID: 24722409

Amount of Each Receipt this Period  
500.00

**C.** Full Name (Last, First, Middle Initial)  
Dr. William Kemp Montgomery, MD

Mailing Address 3108 Midway Rd Ste 104

City Plano State TX Zip Code 75093-6383

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation Orthopaedic Surgeon

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 750.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 0 5 / 2 0 0 6

Transaction ID: 24722410

Amount of Each Receipt this Period  
500.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1250.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 36 / 89
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial) <b>A.</b> Dr. Dale R Anderson, MD		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 5 / 2 0 0 6	
Mailing Address 101 E Minnesota Ave		Transaction ID: 24722411	
City State Zip Code Rapid City SD 57701-6204	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Self Employed	Occupation Orthopaedic Surgeon		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1250.00		

Full Name (Last, First, Middle Initial) <b>B.</b> Dr. Edward J Collins, Jr, MD		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 5 / 2 0 0 6	
Mailing Address 150 Mansfield Ave		Transaction ID: 24722412	
City State Zip Code Willimantic CT 06226-2026	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Conn Sports Med & Ortho Center	Occupation Orthopaedic Surgeon		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2000.00		

Full Name (Last, First, Middle Initial) <b>C.</b> Dr. Alberto A Bolanos, MD		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 5 / 2 0 0 6	
Mailing Address 50 S San Mateo Dr Ste 470		Transaction ID: 24722413	
City State Zip Code San Mateo CA 94401-3833	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Self Employed	Occupation Orthopaedic Surgeon		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	1500.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 37 / 89
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial) <b>A.</b> Dr. Michael P Young, , MD		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 5 / 2 0 0 6	
Mailing Address 350 Fox Hunt Trail		Transaction ID: 24722414	
City State Zip Code Barrington IL 60010-3423	Amount of Each Receipt this Period 100.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Self Employed	Occupation Orthopaedic Surgeon		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00		

Full Name (Last, First, Middle Initial) <b>B.</b> Dr. Alan R McCall, , MD		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 5 / 2 0 0 6	
Mailing Address 7447 W Talcott Ave Ste 500		Transaction ID: 24722415	
City State Zip Code Chicago IL 60631-3716	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Self Employed	Occupation Orthopaedic Surgeon		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

Full Name (Last, First, Middle Initial) <b>C.</b> Dr. Robert S Schultz, , MD		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 5 / 2 0 0 6	
Mailing Address 3015 17th St W		Transaction ID: 24722416	
City State Zip Code Billings MT 59102-0703	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Sports Medicine Clinic	Occupation Orthopaedic Surgeon		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 450.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	850.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 38 / 89
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial) <b>A.</b> Dr. David M Oster, , MD		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 0 5 / 2 0 0 6
Mailing Address 5290 S Geneva Way		Transaction ID: 24722418
City State Zip Code Englewood CO 80111-6203	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Occupation Denver-Vail Orthopaedics Orthopaedic Surgeon		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>B.</b> Dr. Thomas Burke, , MD		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 0 5 / 2 0 0 6
Mailing Address #505 Physician Office Bldg 300 Mt Auburn St		Transaction ID: 24722419
City State Zip Code Cambridge MA 02138-5600	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Occupation Self Employed Orthopaedic Surgeon		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) <b>C.</b> Dr. James M Morgan, , MD		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 0 5 / 2 0 0 6
Mailing Address 5848 S 300 E		Transaction ID: 24722421
City State Zip Code Salt Lake City UT 84107-6121	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Occupation Intermountain Healthcare Orthopaedic Surgeon		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	750.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 39 / 89
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
Political Action Committee of the American Association of Orthopaedic Surgeons

**A.** Full Name (Last, First, Middle Initial)  
Dr. Jacob F Patterson, , MD

Mailing Address 1339 Phay Ave

City State Zip Code  
Canon City CO 81212-2301

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Self Employed Orthopaedic Surgeon

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 0 5 / 2 0 0 6

Transaction ID: 24722422

Amount of Each Receipt this Period  
500.00

**B.** Full Name (Last, First, Middle Initial)  
Peter C Rink, ,DO

Mailing Address 1414 W Lombard

City State Zip Code  
Davenport IA 52804-2148

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Ortho & Rheumatology Associates Orthopaedic Surgeon

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 0 5 / 2 0 0 6

Transaction ID: 24725751

Amount of Each Receipt this Period  
250.00

**C.** Full Name (Last, First, Middle Initial)  
Dr. Vipool K Goradia, , MD

Mailing Address Goradia Ortho & Sports Med  
13109 Rivers Bend Blvd

City State Zip Code  
Chester VA 23836-8607

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Go Orthopaedics Orthopaedic Surgeon

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 0 5 / 2 0 0 6

Transaction ID: 24725752

Amount of Each Receipt this Period  
1000.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1750.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 40 / 89
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial) <b>A.</b> Dr. Theodore Firestone, MD		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 0 5 / 2 0 0 6	
Mailing Address Institute for Bone & Joint Disorder 2222 E Highland Ste 400		Transaction ID: 24725753	
City Phoenix	State AZ	Zip Code 85016-4880	Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Institute for Bone & Joint Disorders	Occupation Orthopaedic Surgeon		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

Full Name (Last, First, Middle Initial) <b>B.</b> Dr. Paul Carl Dell, MD		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 0 5 / 2 0 0 6	
Mailing Address Ortho Sports Med Inst P0 Box 112727		Transaction ID: 24725755	
City Gainesville	State FL	Zip Code 32611-2727	Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Univ of Florida College of Medicine	Occupation Orthopaedic Surgeon		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

Full Name (Last, First, Middle Initial) <b>C.</b> Dr. Howard L Crockett, MD		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 0 5 / 2 0 0 6	
Mailing Address 508 Med Ctr Blvd		Transaction ID: 24725756	
City Conroe	State TX	Zip Code 77304	Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Self Employed	Occupation Orthopaedic Surgeon		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	1500.00
<b>TOTAL</b> This Period (last page this line number only) .....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 41 / 89
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
Political Action Committee of the American Association of Orthopaedic Surgeons

**A.** Full Name (Last, First, Middle Initial)  
Dr. Alexander M Marcus, , MD

Mailing Address Ortho Assoc of Central Jersey  
205 May St Ste 202

City Edison State NJ Zip Code 08837-3267

FEC ID number of contributing federal political committee. **C**

Name of Employer Orthopaedic Associates of Central Jers  
Occupation Orthopaedic Surgeon

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 0 5 / 2 0 0 6

**Transaction ID: 24725757**

Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
Dr. Richard Franklin Bruch, , MD

Mailing Address 120 William Penn Plaza

City Durham State NC Zip Code 27704-2150

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed  
Occupation Orthopaedic Surgeon

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
350.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 0 5 / 2 0 0 6

**Transaction ID: 24725758**

Amount of Each Receipt this Period  
250.00

**C.** Full Name (Last, First, Middle Initial)  
Dr. Guy H Hickman, , MD

Mailing Address 1155 35th Ln Ste 100

City Vero Beach State FL Zip Code 32960-6572

FEC ID number of contributing federal political committee. **C**

Name of Employer Vero Orthopaedics  
Occupation Orthopaedic Surgeon

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 0 5 / 2 0 0 6

**Transaction ID: 24725760**

Amount of Each Receipt this Period  
500.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1000.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 42 / 89						
	(check only one)							
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial) <b>A.</b> Dr. Suanne White-Spunner, MD		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 0 5 / 2 0 0 6	
Mailing Address 3610 Springhill Memorial Dr N		<b>Transaction ID:</b> 24725802	
City State Zip Code Mobile AL 36608-1162	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Alabama Orthopaedics	Occupation Orthopaedic Surgeon		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00		

Full Name (Last, First, Middle Initial) <b>B.</b> Dr. Eric A Monesmith, MD		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 0 5 / 2 0 0 6	
Mailing Address 5255 E Stop 11 Rd Ste 300		<b>Transaction ID:</b> 24725803	
City State Zip Code Indianapolis IN 46237-6341	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Ortho Indy	Occupation Orthopaedic Surgeon		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00		

Full Name (Last, First, Middle Initial) <b>C.</b> Dr. Bipin B Bavishi, MD		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 0 5 / 2 0 0 6	
Mailing Address 707 N Logan		<b>Transaction ID:</b> 24725837	
City State Zip Code Danville IL 61832-4360	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Danville Clinic	Occupation Orthopaedic Surgeon		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1250.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	2250.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 43 / 89
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
Political Action Committee of the American Association of Orthopaedic Surgeons

**A.** Full Name (Last, First, Middle Initial)  
Dr. James Gordon Brooks, Jr, MD

Mailing Address 9330 Poppy Dr Ste 300

City State Zip Code  
Dallas TX 75218-4624

FEC ID number of contributing federal political committee. **C**

Name of Employer Dallas Bone & Joint Clinic Occupation Orthopaedic Surgeon

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 700.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 0 5 / 2 0 0 6

Transaction ID: 24725838

Amount of Each Receipt this Period  
500.00

**B.** Full Name (Last, First, Middle Initial)  
Dr. John W Gainor, , MD

Mailing Address PO Box 1200

City State Zip Code  
Santa Barbara CA 93102-1200

FEC ID number of contributing federal political committee. **C**

Name of Employer Santa Barbara Medical Clinic Occupation Orthopaedic Surgeon

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 0 5 / 2 0 0 6

Transaction ID: 24725839

Amount of Each Receipt this Period  
500.00

**C.** Full Name (Last, First, Middle Initial)  
Dr. Kenneth Ortega, , DO

Mailing Address Mohawk Vally Orthopaedics  
1903 Sunset Ave

City State Zip Code  
Utica NY 13502-5617

FEC ID number of contributing federal political committee. **C**

Name of Employer Mohawk Valley Orthopaedics Occupation Orthopaedic Surgeon

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 0 5 / 2 0 0 6

Transaction ID: 24725840

Amount of Each Receipt this Period  
100.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1100.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 44 / 89
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial) <b>A.</b> Dr. Hal J McCutchan, MD		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 5 / 2 0 0 6
Mailing Address Northwest Hand Specialists 10821 19th Ave SE Ste 202		<b>Transaction ID:</b> 24725841
City State Zip Code Everett WA 98208-5152	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Northwest Hand	Occupation Orthopaedic Surgeon	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) <b>B.</b> Dr. Robert H Harrington, MD		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 5 / 2 0 0 6
Mailing Address 237 Route 108 Ste 205		<b>Transaction ID:</b> 24725842
City State Zip Code Somersworth NH 03878-1517	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Seacoast Orthopedics and Sports Medici	Occupation Orthopaedic Surgeon	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) <b>C.</b> Dr. Donn A Fassero, MD		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 5 / 2 0 0 6
Mailing Address 600 Coffee Rd		<b>Transaction ID:</b> 24725862
City State Zip Code Modesto CA 95355-4276	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Sutter Gould Medical Founda-tion	Occupation Orthopaedic Surgeon	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 450.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	1000.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 45 / 89
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
Political Action Committee of the American Association of Orthopaedic Surgeons

**A.** Full Name (Last, First, Middle Initial)  
Dr. Robert Q Lewis, , MD

Mailing Address Orthopaedic Surgery and Sports Med  
502 Morgan Ave

City State Zip Code  
Corpus Christi TX 78404-2202

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation  
Self Employed Orthopaedic Surgeon

Receipt For: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 0 5 / 2 0 0 6

Transaction ID: 24725926

Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
Dr. William A Paton, , MD

Mailing Address 4315 Diplomacy Dr

City State Zip Code  
Anchorage AK 99508-5926

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation  
Self Employed Orthopaedic Surgeon

Receipt For: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 0 5 / 2 0 0 6

Transaction ID: 24725927

Amount of Each Receipt this Period  
250.00

**C.** Full Name (Last, First, Middle Initial)  
Dr. Richard D Schmidt, , MD

Mailing Address 7373 France Ave S Ste 312

City State Zip Code  
Edina MN 55435-4549

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation  
Self Employed Orthopaedic Surgeon

Receipt For: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 0 5 / 2 0 0 6

Transaction ID: 24725987

Amount of Each Receipt this Period  
250.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	750.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 46 / 89
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
Political Action Committee of the American Association of Orthopaedic Surgeons

**A.** Full Name (Last, First, Middle Initial)  
Dr. David W Graybill, MD

Mailing Address 2610 Enterprise Dr

City State Zip Code  
Anderson IN 46013-9684

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation  
Self Employed Orthopaedic Surgeon

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 0 / 0 5 / 2 0 0 6

**Transaction ID: 24725988**

Amount of Each Receipt this Period  
500.00

**B.** Full Name (Last, First, Middle Initial)  
Dr. Talal M Malhis, MD

Mailing Address 15725 Whittier Blvd Ste 450

City State Zip Code  
Whittier CA 90603-2347

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation  
Self Employed Orthopaedic Surgeon

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 0 / 0 5 / 2 0 0 6

**Transaction ID: 24725989**

Amount of Each Receipt this Period  
1000.00

**C.** Full Name (Last, First, Middle Initial)  
Dr. Joseph Thomas Monaco, MD

Mailing Address 16750 S 80th Ave Ste A

City State Zip Code  
Tinley Park IL 60477-3174

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation  
Self Employed Orthopaedic Surgeon

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 0 / 0 5 / 2 0 0 6

**Transaction ID: 24725991**

Amount of Each Receipt this Period  
500.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	2000.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 47 / 89
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial) <b>A.</b> Dr. James M Banovetz, Jr, MD		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 0 5 / 2 0 0 6	
Mailing Address 824 Illinois Ave		Transaction ID: 24725993	
City State Zip Code Stevens Point WI 54481-3112	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Self Employed Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Orthopaedic Surgeon Aggregate Year-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) <b>B.</b> Dr. H Bryan Noah, , MD		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 0 5 / 2 0 0 6	
Mailing Address High Point Ortho & Sports Medicine 611 Lindsay Ste 200		Transaction ID: 24725994	
City State Zip Code High Point NC 27262-4318	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Self Employed Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Orthopaedic Surgeon Aggregate Year-to-Date ▼ 500.00		

Full Name (Last, First, Middle Initial) <b>C.</b> Dr. Clyde Alan Farris, , MD		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 0 5 / 2 0 0 6	
Mailing Address 19250 SW 65th Ave Ste 200		Transaction ID: 24725995	
City State Zip Code Tualatin OR 97062-7707	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Self Employed Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Orthopaedic Surgeon Aggregate Year-to-Date ▼ 500.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	1250.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 48 / 89
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/>	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial) <b>A.</b> Dr. Stephen Standish Cook, MD		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 0 5 / 2 0 0 6	
Mailing Address UMDNJ-Robt W Johnson Med Sch 51 French St		Transaction ID: 24725996	
City State Zip Code New Brunswick NJ 08901-1921	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Self Employed Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Orthopaedic Surgeon Aggregate Year-to-Date ▼ 500.00		

Full Name (Last, First, Middle Initial) <b>B.</b> Dr. Jacob Amrani, MD		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 0 5 / 2 0 0 6	
Mailing Address 16557 N 109th way		Transaction ID: 24725997	
City State Zip Code Scottsdale AZ 85255-2414	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Self Employed Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Orthopaedic Surgeon Aggregate Year-to-Date ▼ 500.00		

Full Name (Last, First, Middle Initial) <b>C.</b> Dr. Peter W Mitchell, MD		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 0 5 / 2 0 0 6	
Mailing Address 2222 E Highland Ste 425		Transaction ID: 24725998	
City State Zip Code Phoenix AZ 85016-4881	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Self Employed Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Orthopaedic Surgeon Aggregate Year-to-Date ▼ 500.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	1500.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 49 / 89
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial) <b>A.</b> Dr. James L White, , MD		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 0 5 / 2 0 0 6	
Mailing Address 1464 Medical Park Cir		<b>Transaction ID:</b> 24725999	
City State Zip Code Tupelo MS 38801-6595	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Self Employed	Occupation Orthopaedic Surgeon		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00		

Full Name (Last, First, Middle Initial) <b>B.</b> Dr. Patrick F O'Leary, , MD		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 0 5 / 2 0 0 6	
Mailing Address 1015 Madison Ave 4th Fl		<b>Transaction ID:</b> 24726000	
City State Zip Code New York NY 10021-0261	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Self Employed	Occupation Orthopaedic Surgeon		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00		

Full Name (Last, First, Middle Initial) <b>C.</b> Daniel Kensinger, , MD		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 0 / 2 0 0 6	
Mailing Address 298 Inverness Trail		<b>Transaction ID:</b> 24726601	
City State Zip Code Dakota Dunes SD 57049-5291	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Self Employed	Occupation Orthopaedic Surgeon		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	2250.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 50 / 89
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial) <b>A.</b> Dr. Steven E Casey, , MD		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 0 / 2 0 0 6
Mailing Address 711 Lawn Ave Prof Ctr Bldg 3		Transaction ID: 24726602
City State Zip Code Sellersville PA 18960	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) <b>B.</b> Dr. Daniel E Cooper, , MD		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 0 / 2 0 0 6
Mailing Address 9301 N Central Expy Ste 400		Transaction ID: 24726603
City State Zip Code Dallas TX 75231-5009	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) <b>C.</b> Dr. Douglas J Straehley, , MD		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 0 / 2 0 0 6
Mailing Address Panorama Orthopaedics 660 Golden Ridge Rd Ste 250		Transaction ID: 24726613
City State Zip Code Golden CO 80401-9541	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Panorama Orthopaedics	Occupation Orthopaedic Surgeon	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	2250.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 51 / 89
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial) <b>A.</b> Dr. Ian Lin, , MD		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 0 / 2 0 0 6	
Mailing Address 104 Foster Dr		<b>Transaction ID:</b> 24726614	
City State Zip Code Des Moines IA 50312-2538	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Self Employed	Occupation Orthopaedic Surgeon		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00		

Full Name (Last, First, Middle Initial) <b>B.</b> Dr. Matthew C Nadaud, , MD		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 0 / 2 0 0 6	
Mailing Address Knoxville Orthopedic Clinic 1128 Weisgarber Rd		<b>Transaction ID:</b> 24726616	
City State Zip Code Knoxville TN 37909-2674	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Knoxville Orthopaedic Clinic	Occupation Orthopaedic Surgeon		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) <b>C.</b> Dr. Scott L Sledge, , MD		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 0 / 2 0 0 6	
Mailing Address 12709 Toepperweein Ste 101		<b>Transaction ID:</b> 24726618	
City State Zip Code Live Oak TX 78233-3259	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Self Employed	Occupation Orthopaedic Surgeon		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	1500.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 52 / 89
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
Political Action Committee of the American Association of Orthopaedic Surgeons

**A.** Full Name (Last, First, Middle Initial)  
Dr. Lois Kathleen Osier, , MD

Mailing Address Charlotte Orthopedic  
1915 Randolph Rd

City State Zip Code  
Charlotte NC 28207-1101

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation  
Self Employed Orthopaedic Surgeon

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 1 0 / 2 0 0 6

Transaction ID: 24726620

Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
Dr. Jerome Kolavo, , MD

Mailing Address 27650 Ferry Rd Ste 100

City State Zip Code  
Warrenville IL 60555-3846

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation  
Self Employed Orthopaedic Surgeon

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 1 0 / 2 0 0 6

Transaction ID: 24726621

Amount of Each Receipt this Period  
500.00

**C.** Full Name (Last, First, Middle Initial)  
Dr. George S Zakaib, , MD

Mailing Address 600 Shadow Ridge Ct

City State Zip Code  
Silverton OR 97381-9811

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation  
Self Employed Orthopaedic Surgeon

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 1 0 / 2 0 0 6

Transaction ID: 24726635

Amount of Each Receipt this Period  
250.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1000.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 53 / 89
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
Political Action Committee of the American Association of Orthopaedic Surgeons

**A.** Full Name (Last, First, Middle Initial)  
Dr. Jeffrey C Davis, MD

Mailing Address 1208 Perthshire Ct

City State Zip Code  
Vestavia Hls AL 35242-6076

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Alabama Sports Medicine Orthopaedic Surgeon

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 500.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 0 / 1 0 / 2 0 0 6

Transaction ID: 24726636

Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
Dr. Terrence J Endres, MD

Mailing Address 3165 Hoag Ave NE

City State Zip Code  
Grand Rapids MI 49525-9697

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Orthopaedic Associates of Grand Rapids Orthopaedic Surgeon

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 0 / 1 0 / 2 0 0 6

Transaction ID: 24726637

Amount of Each Receipt this Period  
250.00

**C.** Full Name (Last, First, Middle Initial)  
Dr. Thomas Greg Sommerkamp, MD

Mailing Address 20 Medical Village Dr Ste 177

City State Zip Code  
Edgewood KY 41017-5407

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Hand Surgery Specialists, Inc Orthopaedic Surgeon

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 750.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 0 / 1 0 / 2 0 0 6

Transaction ID: 24726638

Amount of Each Receipt this Period  
500.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1000.00

**TOTAL** This Period (last page this line number only) ..... ►

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 54 / 89
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial) <b>A.</b> Dr. Rick F Papandrea, MD		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 0 / 2 0 0 6	
Mailing Address 1111 Delafield St Ste 120		<b>Transaction ID:</b> 24726639	
City State Zip Code Waukesha WI 53188-3402	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Self Employed Receipt For:	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 1500.00	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>B.</b> Dr. Berton R Moed, MD		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 0 / 2 0 0 6	
Mailing Address 801 S Skinker Apt 6a		<b>Transaction ID:</b> 24726640	
City State Zip Code Saint Louis MO 63105-3228	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Self Employed Receipt For:	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 450.00	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>C.</b> Dr. George F Chimento, MD		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 0 / 2 0 0 6	
Mailing Address 2405 Chester St		<b>Transaction ID:</b> 24726642	
City State Zip Code Metairie LA 70001-3029	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Self Employed Receipt For:	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 750.00	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	1000.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 55 / 89		
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16

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NAME OF COMMITTEE (In Full)  
Political Action Committee of the American Association of Orthopaedic Surgeons

**A.** Full Name (Last, First, Middle Initial)  
Dr. J Lockwood Ochsner, Jr, MD

Mailing Address 1514 Jefferson Hwy

City State Zip Code  
New Orleans LA 70121-2483

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Ochsner Clinic Foundation Orthopaedic Surgeon

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 700.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 1 0 / 2 0 0 6

Transaction ID: 24726643

Amount of Each Receipt this Period  
200.00

**B.** Full Name (Last, First, Middle Initial)  
Dr. Michael A Simon, , MD

Mailing Address 5841 S Maryland Ave  
MC 3079

City State Zip Code  
Chicago IL 60637-1447

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
University of Chicago Orthopaedic Surgeon

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 1 0 / 2 0 0 6

Transaction ID: 24726644

Amount of Each Receipt this Period  
1000.00

**C.** Full Name (Last, First, Middle Initial)  
Dr. Michael G Raab, , MD

Mailing Address 3226 Dunlap Dr

City State Zip Code  
Gainesville GA 30506-1648

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Self Employed Orthopaedic Surgeon

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 600.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 1 0 / 2 0 0 6

Transaction ID: 24726645

Amount of Each Receipt this Period  
600.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1800.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 56 / 89
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
Political Action Committee of the American Association of Orthopaedic Surgeons

**A.** Full Name (Last, First, Middle Initial)  
Dr. Joe Nelson Jarrett, Jr, MD

Mailing Address 849 82nd Pkwy

City Myrtle Beach State SC Zip Code 29572-4612

FEC ID number of contributing federal political committee. **C**

Name of Employer Strand Orthopaedic Consultants Occupation Orthopaedic Surgeon

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 1 0 / 2 0 0 6

Transaction ID: 24726647

Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
Dr. William James Dowling, Jr, MD

Mailing Address 131 Madison Ave Ste 130

City Morristown State NJ Zip Code 07960-7360

FEC ID number of contributing federal political committee. **C**

Name of Employer Ridge Orthopedic Group Occupation Orthopaedic Surgeon

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 1 0 / 2 0 0 6

Transaction ID: 24726649

Amount of Each Receipt this Period  
500.00

**C.** Full Name (Last, First, Middle Initial)  
Dr. Ronald W Smith, , MD

Mailing Address 2651 Elm Ave Ste 205

City Long Beach State CA Zip Code 90806-1638

FEC ID number of contributing federal political committee. **C**

Name of Employer Balance Orthopaedic Foot & Ankle Occupation Orthopaedic Surgeon

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 450.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 1 0 / 2 0 0 6

Transaction ID: 24726650

Amount of Each Receipt this Period  
250.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1000.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 57 / 89
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
Political Action Committee of the American Association of Orthopaedic Surgeons

**A.** Full Name (Last, First, Middle Initial)  
Dr. John D Bailey, , MD

Mailing Address 4140 Centennial Hills Blvd Ste C

City Casper State WY Zip Code 82609-3265

FEC ID number of contributing federal political committee. **C**

Name of Employer Casper Orthopaedic Associates Occupation Orthopaedic Surgeon

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 750.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 1 0 / 1 2 / 2 0 0 6

**Transaction ID: 24802516**

Amount of Each Receipt this Period  
 250.00

**B.** Full Name (Last, First, Middle Initial)  
Dr. John S Place, , MD

Mailing Address 3907 Creekside Loop Ste 100

City Yakima State WA Zip Code 98902-4877

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation Orthopaedic Surgeon

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 3000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 1 0 / 1 2 / 2 0 0 6

**Transaction ID: 24802517**

Amount of Each Receipt this Period  
 1000.00

**C.** Full Name (Last, First, Middle Initial)  
Dr. Kevin S Finnesey, , MD

Mailing Address 50 S San Mateo Dr Ste 440

City San Mateo State CA Zip Code 94401-3833

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation Orthopaedic Surgeon

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 1 0 / 1 2 / 2 0 0 6

**Transaction ID: 24802518**

Amount of Each Receipt this Period  
 250.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1500.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 58 / 89
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
Political Action Committee of the American Association of Orthopaedic Surgeons

**A.** Full Name (Last, First, Middle Initial)  
Dr. Jonathan P Garino, MD

Mailing Address Dept of Orthopaedic Surgery  
1 Cupp Pavilion

City Philadelphia State PA Zip Code 19104

FEC ID number of contributing federal political committee. **C**

Name of Employer University of Pennsylvania Occupation Orthopaedic Surgeon

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2000.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 0 / 1 2 / 2 0 0 6

**Transaction ID:** 24802519

Amount of Each Receipt this Period  
1000.00

**B.** Full Name (Last, First, Middle Initial)  
Dr. David J Schulak, MD

Mailing Address 809 Ben Lomond Dr

City Tampa State FL Zip Code 33617-4219

FEC ID number of contributing federal political committee. **C**

Name of Employer Tampa Orthopaedic Clinic Occupation Orthopaedic Surgeon

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 0 / 1 2 / 2 0 0 6

**Transaction ID:** 24802521

Amount of Each Receipt this Period  
100.00

**C.** Full Name (Last, First, Middle Initial)  
Dr. Russell S VanderWilde, MD

Mailing Address 601 W 5th Ave Ste 400

City Spokane State WA Zip Code 99204-2715

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation Orthopaedic Surgeon

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 0 / 1 2 / 2 0 0 6

**Transaction ID:** 24802522

Amount of Each Receipt this Period  
250.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1350.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 59 / 89
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial) <b>A.</b> Dr. Dante A Marra, , MD		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 2 / 2 0 0 6
Mailing Address 10 Medical Park Ste 203		Transaction ID: 24802524
City State Zip Code Wheeling WV 26003-6389	Amount of Each Receipt this Period 200.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Self Employed Occupation Orthopaedic Surgeon		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 475.00	

Full Name (Last, First, Middle Initial) <b>B.</b> Dr. William D Allen, , MD		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 2 / 2 0 0 6
Mailing Address 2854 Bell St		Transaction ID: 24802525
City State Zip Code Zanesville OH 43701-1790	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Orthopaedic Associates of Zanesville Occupation Orthopaedic Surgeon		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	

Full Name (Last, First, Middle Initial) <b>C.</b> Dr. Christopher S Proctor, , MD		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 2 / 2 0 0 6
Mailing Address 511 Bath St		Transaction ID: 24802526
City State Zip Code Santa Barbara CA 93101-3403	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Alta Orthopaedics Occupation Orthopaedic Surgeon		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	700.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 60 / 89
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
Political Action Committee of the American Association of Orthopaedic Surgeons

**A.** Full Name (Last, First, Middle Initial)  
Dr. Kiran J Dave, , MD

Mailing Address 214 SW 26th Ave Ste A

City State Zip Code  
Mineral Wells TX 76067-8249

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Self Employed Orthopaedic Surgeon

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 1 2 / 2 0 0 6

**Transaction ID: 24802527**

Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
Dr. John W Adkison, , MD

Mailing Address 1211 N 16th Ave

City State Zip Code  
Yakima WA 98902-1347

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Orthopedics Northwest Orthopaedic Surgeon

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 2000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 1 2 / 2 0 0 6

**Transaction ID: 24802528**

Amount of Each Receipt this Period  
1000.00

**C.** Full Name (Last, First, Middle Initial)  
Dr. James R Dyreby, , MD

Mailing Address Northland Orthopaedic Assoc, S C.  
444 E Timber Dr

City State Zip Code  
Rhineland WI 54501-2852

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Northland Orthopaedics Orthopaedic Surgeon

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 2500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 1 2 / 2 0 0 6

**Transaction ID: 24802529**

Amount of Each Receipt this Period  
500.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1750.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 61 / 89
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
Political Action Committee of the American Association of Orthopaedic Surgeons

<b>A.</b> Full Name (Last, First, Middle Initial) Dr. John English Feighan, , MD Mailing Address 2260 Harcourt Dr City Cleveland Heights State OH Zip Code 44106-4610 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 2 / 2 0 0 6 <b>Transaction ID: 24802530</b> Amount of Each Receipt this Period 200.00
Name of Employer Self Employed Occupation Orthopaedic Surgeon Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 450.00		

<b>B.</b> Full Name (Last, First, Middle Initial) Dr. Andrew L Terrono, Jr, MD Mailing Address 125 Parker Hill Ave City Boston State MA Zip Code 02120-2850 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 2 / 2 0 0 6 <b>Transaction ID: 24802531</b> Amount of Each Receipt this Period 500.00
Name of Employer Mass Surgical Associates Occupation Orthopaedic Surgeon Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00		

<b>C.</b> Full Name (Last, First, Middle Initial) Dr. Stephen G Taylor, , MD Mailing Address 6001 Westown Pkwy City West Des Moines State IA Zip Code 50266-7702 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 2 / 2 0 0 6 <b>Transaction ID: 24802532</b> Amount of Each Receipt this Period 200.00
Name of Employer Des Moines Orthopaedic Surgeons Occupation Orthopaedic Surgeon Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 600.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>900.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 62 / 89
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial) <b>A.</b> Dr. Maureen A Finnegan, MD		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 3 / 2 0 0 6	
Mailing Address U of TX Southwestern Med School Dept of Ortho Surgery		Transaction ID: 24804726	
City Dallas      State TX      Zip Code 75390-0001	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer UT Southwestern	Occupation Orthopaedic Surgeon		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) <b>B.</b> Dr. Darron M Jones, MD		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 3 / 2 0 0 6	
Mailing Address Mason City Clinic 250 S Crescent Dr		Transaction ID: 24804727	
City Mason City      State IA      Zip Code 50401-2926	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Self Employed	Occupation Orthopaedic Surgeon		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) <b>C.</b> Dr. Forney Hutchinson, MD		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 3 / 2 0 0 6	
Mailing Address 1001 Blythe Blvd Ste 200		Transaction ID: 24804728	
City Charlotte      State NC      Zip Code 28203-5863	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer The Miller Orthopaedic Clinic	Occupation Orthopaedic Surgeon		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	750.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 63 / 89
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
Political Action Committee of the American Association of Orthopaedic Surgeons

**A.** Full Name (Last, First, Middle Initial)  
Dr. Harvey A Taylor, , MD

Mailing Address 65 Fremont St

City State Zip Code  
Marlborough MA 01752-1271

FEC ID number of contributing federal political committee. **C**

Name of Employer  
Orthopedic Associates of Marlboro

Occupation  
Orthopaedic Surgeon

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 1 3 / 2 0 0 6

Transaction ID: 24804733

Amount of Each Receipt this Period  
100.00

**B.** Full Name (Last, First, Middle Initial)  
Dr. Walter A Smith, Jr, MD

Mailing Address 9250 SW Hall Blvd

City State Zip Code  
Tigard OR 97223-6721

FEC ID number of contributing federal political committee. **C**

Name of Employer  
Self Employed

Occupation  
Orthopaedic Surgeon

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 1 3 / 2 0 0 6

Transaction ID: 24804734

Amount of Each Receipt this Period  
100.00

**C.** Full Name (Last, First, Middle Initial)  
Dr. Christopher B Michelsen, , MD

Mailing Address 5141 Broadway Rm 3-029

City State Zip Code  
New York NY 10034-1159

FEC ID number of contributing federal political committee. **C**

Name of Employer  
NY Orthopaedic Hospital

Occupation  
Orthopaedic Surgeon

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 1 3 / 2 0 0 6

Transaction ID: 24804735

Amount of Each Receipt this Period  
750.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	950.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 64 / 89
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial) <b>A.</b> Dr. Frederick T Lohr, , MD		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 3 / 2 0 0 6	
Mailing Address 100 Brown St		Transaction ID: 24804736	
City State Zip Code Chestertown MD 21620-1435	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Self Employed	Occupation Orthopaedic Surgeon		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 750.00		

Full Name (Last, First, Middle Initial) <b>B.</b> Dr. John N Callander, , MD		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 3 / 2 0 0 6	
Mailing Address 2540 Filbert St		Transaction ID: 24804737	
City State Zip Code San Francisco CA 94123-3318	Amount of Each Receipt this Period 100.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer California Pacific Ortho & Sports Med	Occupation Orthopaedic Surgeon		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 550.00		

Full Name (Last, First, Middle Initial) <b>C.</b> Dr. Anthony E Melonakos, , MD		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 3 / 2 0 0 6	
Mailing Address Frenchtown Orthopedic Group 1420 N Monroe St		Transaction ID: 24804738	
City State Zip Code Monroe MI 48162-4211	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Self Employed	Occupation Orthopaedic Surgeon		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	850.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 65 / 89
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
Political Action Committee of the American Association of Orthopaedic Surgeons

**A.** Full Name (Last, First, Middle Initial)  
Dr. Steven M Sanwick, , MD

Mailing Address 12410 E Sinto Ave Ste 201

City State Zip Code  
Spokane Valley WA 99216-1081

FEC ID number of contributing federal political committee. **C**

Name of Employer Northwest Orthopedic Specialists  
Occupation Orthopaedic Surgeon

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 0 / 1 3 / 2 0 0 6

**Transaction ID: 24804739**

Amount of Each Receipt this Period  
100.00

**B.** Full Name (Last, First, Middle Initial)  
Dr. Mark Gillespy, , MD

Mailing Address 1075 Mason Ave

City State Zip Code  
Daytona Beach FL 32117-4690

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed  
Occupation Orthopaedic Surgeon

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 0 / 1 3 / 2 0 0 6

**Transaction ID: 24805083**

Amount of Each Receipt this Period  
500.00

**C.** Full Name (Last, First, Middle Initial)  
Dr. Charles A Hope, II, MD

Mailing Address 210 E DeRenne Ave

City State Zip Code  
Savannah GA 31405-6736

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed  
Occupation Orthopaedic Surgeon

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 0 / 1 3 / 2 0 0 6

**Transaction ID: 24805086**

Amount of Each Receipt this Period  
500.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1100.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 66 / 89
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial) <b>A.</b> Dr. Jamil Jacobs-El, MD		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 3 / 2 0 0 6	
Mailing Address 706 Ashland Ave		<b>Transaction ID:</b> 24805087	
City State Zip Code River Forest IL 60305-1829	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Self Employed	Occupation Orthopaedic Surgeon		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

Full Name (Last, First, Middle Initial) <b>B.</b> Dr. Harold K Dunn, MD		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 3 / 2 0 0 6	
Mailing Address Univ Orthopaedics Center 590 Wakara Way		<b>Transaction ID:</b> 24805094	
City State Zip Code Salt Lake City UT 84108-1200	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer University of Utah	Occupation Orthopaedic Surgeon		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

Full Name (Last, First, Middle Initial) <b>C.</b> Dr. William R Buschmann, MD		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 3 / 2 0 0 6	
Mailing Address 7 Reservoir Rd		<b>Transaction ID:</b> 24805095	
City State Zip Code North White Plains NY 10603-2522	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Self Employed	Occupation Orthopaedic Surgeon		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	1250.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 67 / 89
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
Political Action Committee of the American Association of Orthopaedic Surgeons

**A.** Full Name (Last, First, Middle Initial)  
Dr. Sunderraj Mark Kamaleson, MD

Mailing Address Southeastern Orthopedic Center  
210 E DeRenne Ave

City Savannah State GA Zip Code 31405-6736

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation Orthopaedic Surgeon

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 0 / 1 3 / 2 0 0 6

Transaction ID: 24805096

Amount of Each Receipt this Period  
500.00

**B.** Full Name (Last, First, Middle Initial)  
Dr. David J Covall, MD

Mailing Address Resurgeons Orthopaedics  
1100 Northside Forsyth Dr Ste 340

City Cumming State GA Zip Code 30041-6020

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation Orthopaedic Surgeon

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 0 / 1 3 / 2 0 0 6

Transaction ID: 24805097

Amount of Each Receipt this Period  
1000.00

**C.** Full Name (Last, First, Middle Initial)  
Dr. Michael Jacob Battaglia, MD

Mailing Address 104 Market St

City Annapolis State MD Zip Code 21401-2633

FEC ID number of contributing federal political committee. **C**

Name of Employer US Navy Occupation Orthopaedic Surgeon

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 0 / 1 3 / 2 0 0 6

Transaction ID: 24805098

Amount of Each Receipt this Period  
250.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1750.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 68 / 89
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial) <b>A.</b> Dr. David M Lintner, , MD		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 3 / 2 0 0 6	
Mailing Address 6348 Mercer		<b>Transaction ID:</b> 24805099	
City State Zip Code Houston TX 77005-3346	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Baylor College of Medicine	Occupation Orthopaedic Surgeon		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1500.00		

Full Name (Last, First, Middle Initial) <b>B.</b> Dr. John J Larkin, Jr, MD		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 3 / 2 0 0 6	
Mailing Address 320 Thomas Moore Pkwy		<b>Transaction ID:</b> 24805100	
City State Zip Code Crestview Hills KY 41017-3410	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Self Employed	Occupation Orthopaedic Surgeon		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 750.00		

Full Name (Last, First, Middle Initial) <b>C.</b> Dr. Donald K Bynum, Jr, MD		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 3 / 2 0 0 6	
Mailing Address Univ of NC School Of Med Dept of Orthopaedics		<b>Transaction ID:</b> 24805101	
City State Zip Code Chapel Hill NC 27599-0001	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Univ. of North Carolina	Occupation Orthopaedic Surgeon		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	1000.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 69 / 89
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial) <b>A.</b> Dr. Robert Riederman, , MD		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 3 / 2 0 0 6
Mailing Address 6080 Falls Rd Ste 203		<b>Transaction ID:</b> 24805102
City State Zip Code Baltimore MD 21209-2498	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Orthopaedic Specialty Center	Occupation Orthopaedic Surgeon	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>B.</b> Dr. Edward V Fehringer, , MD		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 3 / 2 0 0 6
Mailing Address 981080 Nebraska Med Ctr		<b>Transaction ID:</b> 24805462
City State Zip Code Omaha NE 68198-1080	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Nebraska Medical Center	Occupation Orthopaedic Surgeon	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>C.</b> Dr. Steven Gitelis, , MD		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 3 / 2 0 0 6
Mailing Address 1725 W Harrison Ste 440 Rush Medical College		<b>Transaction ID:</b> 24805463
City State Zip Code Chicago IL 60612-3836	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	750.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 70 / 89
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial) <b>A.</b> Dr. Prasad V Gourineni, MD		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 3 / 2 0 0 6	
Mailing Address 3420 Adams Rd		Transaction ID: 24805464	
City State Zip Code Oak Brook IL 60523-2708	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer North Shore Ortho Assoc	Occupation Orthopaedic Surgeon		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) <b>B.</b> Dr. James H Calandrucchio, MD		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 3 / 2 0 0 6	
Mailing Address Campbell Clinic 1400 S Germantown Rd		Transaction ID: 24805465	
City State Zip Code Germantown TN 38138-2205	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Campbell Clinic	Occupation Orthopaedic Surgeon		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

Full Name (Last, First, Middle Initial) <b>C.</b> Dr. Steven Demetrios Meletiou, MD		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 3 / 2 0 0 6	
Mailing Address 420 N Hwy 31		Transaction ID: 24805466	
City State Zip Code Crystal Lake IL 60012	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Self Employed	Occupation Orthopaedic Surgeon		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	1000.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 71 / 89
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
Political Action Committee of the American Association of Orthopaedic Surgeons

**A.** Full Name (Last, First, Middle Initial)  
Dr. Laurette A Chang, , MD

Mailing Address 2600 Ferry St

City State Zip Code  
Lafayette IN 47904-3055

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation  
Orthopaedic Surgeon

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 0 / 1 3 / 2 0 0 6

Transaction ID: 24805467

Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
Dr. Herbert J Louis, , MD

Mailing Address 5070 N 40th St Ste 130

City State Zip Code  
Phoenix AZ 85018-2193

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation  
Orthopaedic Surgeon

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 0 / 1 3 / 2 0 0 6

Transaction ID: 24805468

Amount of Each Receipt this Period  
1000.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1250.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	85350.00

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 72 / 89	
	(check only one)			
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input checked="" type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
 Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)  
**A.** American Assoc of Orthopaedic Surgeons

Mailing Address 6300 N River Road

City State Zip Code  
 Rosemont IL 60018

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 13198.47

Date of Receipt  
 M M / D D / Y Y Y Y  
 1 0 / 1 7 / 2 0 0 6

Transaction ID: 24837563

Amount of Each Receipt this Period  
 1253.19

Refund bank fees from affiliated organization

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1253.19
<b>TOTAL</b> This Period (last page this line number only) .....	▶	1253.19

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 73 / 89

<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

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NAME OF COMMITTEE (In Full)  
Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial) <b>A. Northern Trust Company</b>		Transaction ID: 24726120	
Mailing Address 50 S. LaSalle St.		Date of Disbursement 10 / 09 / 2006	
City Chicago	State IL	Zip Code 60675	Amount of Each Disbursement this Period 1206.99
Purpose of Disbursement Bank fees deducted from account		001 Category/ Type	
Candidate Name		Bank fees deducted from account	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	▶	1206.99
<b>TOTAL</b> This Period (last page this line number only) .....	▶	1206.99

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 74 / 89

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial) <b>A. Rely on Your Beliefs Fund</b>		<b>Transaction ID:</b> 24691561 Date of Disbursement
Mailing Address 1736 E Sunshine Suite 913		<input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="0"/> <input type="text" value="3"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="6"/> <input type="text" value="6"/>
City Springfield	State MO	Zip Code 65804
Purpose of Disbursement	<input type="text" value="011"/> Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		
		Amount of Each Disbursement this Period <input type="text" value="2500.00"/>

Full Name (Last, First, Middle Initial) <b>B. Pryce For Congress</b>		<b>Transaction ID:</b> 24691563 Date of Disbursement
Mailing Address 145 E. Rich Street		<input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="0"/> <input type="text" value="3"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="6"/> <input type="text" value="6"/>
City Columbus	State OH	Zip Code 43215
Purpose of Disbursement	<input type="text" value="011"/> Category/Type	
Candidate Name Rep. Deborah Pryce		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	
State: OH District: 15	2006 Congress Genera	
		Amount of Each Disbursement this Period <input type="text" value="3000.00"/>

Full Name (Last, First, Middle Initial) <b>C. Chocola For Congress Inc</b>		<b>Transaction ID:</b> 24691583 Date of Disbursement
Mailing Address PO Box 6728		<input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="0"/> <input type="text" value="3"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="6"/> <input type="text" value="6"/>
City South Bend	State IN	Zip Code 46660
Purpose of Disbursement	<input type="text" value="011"/> Category/Type	
Candidate Name Rep. Christopher Chocola		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	
State: IN District: 2	2006 Congress Genera	
		Amount of Each Disbursement this Period <input type="text" value="1000.00"/>

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="6500.00"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 75 / 89

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial) <b>A. Tom Kean For Us Senate Inc</b>		Transaction ID: 24691579 Date of Disbursement 10 / 03 / 2006	
Mailing Address PO Box 225		Amount of Each Disbursement this Period 1000.00	
City Colonia	State NJ	Zip Code 07067	011 Category/ Type
Purpose of Disbursement		Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Candidate Name Mr. Thomas Kean			
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	State: NJ District: 2		

Full Name (Last, First, Middle Initial) <b>B. Tom Kean For Us Senate Inc</b>		Transaction ID: 24691620 Date of Disbursement 10 / 03 / 2006	
Mailing Address PO Box 225		Amount of Each Disbursement this Period 1000.00	
City Colonia	State NJ	Zip Code 07067	011 Category/ Type
Purpose of Disbursement		Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Candidate Name Mr. Thomas Kean			
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	State: NJ District: 2		

Full Name (Last, First, Middle Initial) <b>C. Mchenry For Congress</b>		Transaction ID: 24691560 Date of Disbursement 10 / 03 / 2006	
Mailing Address PO Box 1406		Amount of Each Disbursement this Period 1000.00	
City Hickory	State NC	Zip Code 28603	011 Category/ Type
Purpose of Disbursement		Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	
Candidate Name Rep. Patrick McHenry			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: NC District: 10 2006 Congress Genera		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	3000.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	.....

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 76 / 89

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial) <b>A. Souder For Congress Inc.</b>		<b>Transaction ID: 24691585</b>	
Mailing Address P.O. Box 40233		Date of Disbursement 10 / 03 / 2006	
City Fort Wayne	State IN	Zip Code 46804	Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement		011 Category/ Type	
Candidate Name Rep. Mark Souder			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ 2006 Congress Genera		
State: IN District: 3			

Full Name (Last, First, Middle Initial) <b>B. Schmidt For Congress Committee</b>		<b>Transaction ID: 24691559</b>	
Mailing Address 771 Wards Corner Rd		Date of Disbursement 10 / 03 / 2006	
City Loveland	State OH	Zip Code 45140	Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement		011 Category/ Type	
Candidate Name Jean Schmidt			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ 2006 Congress Genera		
State: OH District: 2			

Full Name (Last, First, Middle Initial) <b>C. Congressman Joe Barton Committee, The</b>		<b>Transaction ID: 24717482</b>	
Mailing Address P.O. Box 1444		Date of Disbursement 10 / 05 / 2006	
City Ennis	State TX	Zip Code 75120	Amount of Each Disbursement this Period 3000.00
Purpose of Disbursement		011 Category/ Type	
Candidate Name Rep. Joe L. Barton			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ 2006 Congress Genera		
State: TX District: 6			

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>5000.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

**A.** Berkley For Congress

Mailing Address 3069 Conquista Court

City Las Vegas State NV Zip Code 89121

Purpose of Disbursement

011  
Category/  
Type

Candidate Name  
Rep. Shelley Berkley

Office Sought:  House  Senate  President  
State: NV District: 1  
Disbursement For: 2006  
 Primary  General  
 Other (specify) ▼  
2006 Congress Genera

Transaction ID: 24717513

Date of Disbursement

10 / 05 / 2006

Amount of Each Disbursement this Period

3000.00

Full Name (Last, First, Middle Initial)

**B.** Marion Berry For Congress

Mailing Address P.O. Box 8084  
P.O. Box 8084

City Jonesboro State AR Zip Code 72403

Purpose of Disbursement

011  
Category/  
Type

Candidate Name  
Rep. Marion Berry

Office Sought:  House  Senate  President  
State: AR District: 1  
Disbursement For: 2006  
 Primary  General  
 Other (specify) ▼  
2006 Congress Genera

Transaction ID: 24717577

Date of Disbursement

10 / 05 / 2006

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**C.** Hoosiers Supporting Buyer For Congress

Mailing Address 200 North Main St.  
P.O. Box 712

City Monticello State IN Zip Code 47960

Purpose of Disbursement

011  
Category/  
Type

Candidate Name  
Rep. Steve Buyer

Office Sought:  House  Senate  President  
State: IN District: 4  
Disbursement For: 2006  
 Primary  General  
 Other (specify) ▼  
2006 Congress Genera

Transaction ID: 24717583

Date of Disbursement

10 / 05 / 2006

Amount of Each Disbursement this Period

1000.00

**SUBTOTAL** of Disbursements This Page (optional) .....

5000.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

**A.** Dave Camp For Congress

Mailing Address 5915 Eastman Ave. Suite 100

City Midland State MI Zip Code 48640

Purpose of Disbursement

011  
Category/  
Type

Candidate Name  
Rep. Dave Camp

Office Sought:  House  
 Senate  
 President  
State: MI District: 4  
Disbursement For: 2006  
 Primary  General  
 Other (specify) ▼  
2006 Congress Genera

Transaction ID: 24717582

Date of Disbursement

10 / 05 / 2006

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**B.** Friends Of Kent Conrad

Mailing Address PO Box 812

City Bismarck State ND Zip Code 58502

Purpose of Disbursement

011  
Category/  
Type

Candidate Name  
Sen. Kent Conrad

Office Sought:  House  
 Senate  
 President  
State: ND District: 1  
Disbursement For: 2006  
 Primary  General  
 Other (specify) ▼

Transaction ID: 24717514

Date of Disbursement

10 / 05 / 2006

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

**C.** Friends Of Rosa DeLauro

Mailing Address 49 Huntington Street

City New Haven State CT Zip Code 06511

Purpose of Disbursement

011  
Category/  
Type

Candidate Name  
Rep. Rosa L. DeLauro

Office Sought:  House  
 Senate  
 President  
State: CT District: 3  
Disbursement For: 2006  
 Primary  General  
 Other (specify) ▼  
2006 Congress Genera

Transaction ID: 24717412

Date of Disbursement

10 / 05 / 2006

Amount of Each Disbursement this Period

2500.00

**SUBTOTAL** of Disbursements This Page (optional) ..... ►

6000.00

**TOTAL** This Period (last page this line number only) ..... ►

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

**A.** John D. Dingell For Congress Committee

Mailing Address 607 14th Street N.W.  
Suite 800

City Washington State DC Zip Code 20005

Purpose of Disbursement

011  
Category/  
Type

Candidate Name  
Rep. John D. Dingell

Office Sought:  House  Senate  President  
State: MI District: 15  
Disbursement For: 2006  
 Primary  General  
 Other (specify) ▼  
2006 Congress Genera

Transaction ID: 24717423

Date of Disbursement

10 / 05 / 2006

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**B.** Friends Of Rahm Emanuel

Mailing Address 1059 West Belmont Avenue

City Chicago State IL Zip Code 60657

Purpose of Disbursement

011  
Category/  
Type

Candidate Name  
Rahm Emanuel

Office Sought:  House  Senate  President  
State: IL District: 5  
Disbursement For: 2006  
 Primary  General  
 Other (specify) ▼  
2006 Congress Genera

Transaction ID: 24717406

Date of Disbursement

10 / 05 / 2006

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

**C.** People For English

Mailing Address PO Box 1940

City Erie State PA Zip Code 16507

Purpose of Disbursement

011  
Category/  
Type

Candidate Name  
Rep. Phil English

Office Sought:  House  Senate  President  
State: PA District: 3  
Disbursement For: 2006  
 Primary  General  
 Other (specify) ▼  
2006 Congress Genera

Transaction ID: 24717550

Date of Disbursement

10 / 05 / 2006

Amount of Each Disbursement this Period

1000.00

**SUBTOTAL** of Disbursements This Page (optional) ..... ►

4500.00

**TOTAL** This Period (last page this line number only) ..... ►

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

<p><b>A.</b> Full Name (Last, First, Middle Initial) J.D. Hayworth For Congress</p>		<p><b>Transaction ID:</b> 24717517 <b>Date of Disbursement</b>  <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td>/</td><td>0</td><td>5</td><td>/</td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table> </p>		M	M	/	D	D	/	Y	Y	Y	Y	1	0	/	0	5	/	2	0	0	6
M	M	/	D	D	/	Y	Y	Y	Y														
1	0	/	0	5	/	2	0	0	6														
<p>Mailing Address 14300 N. Northsight Blvd. #105</p>		<p>Amount of Each Disbursement this Period  <table border="1"> <tr> <td>2000.00</td> </tr> </table> </p>		2000.00																			
2000.00																							
<p>City State Zip Code Scottsdale AZ 85260</p>	<p>Purpose of Disbursement  <table border="1"> <tr> <td>011</td> </tr> </table> </p>	011	<p>Candidate Name Rep. J.D. Hayworth</p>																				
011																							
<p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p>	<p>Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ 2006 Congress Genera</p>	<p>State: AZ District: 5</p>																					

<p><b>B.</b> Full Name (Last, First, Middle Initial) Hooley For Congress</p>		<p><b>Transaction ID:</b> 24717590 <b>Date of Disbursement</b>  <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td>/</td><td>0</td><td>5</td><td>/</td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table> </p>		M	M	/	D	D	/	Y	Y	Y	Y	1	0	/	0	5	/	2	0	0	6
M	M	/	D	D	/	Y	Y	Y	Y														
1	0	/	0	5	/	2	0	0	6														
<p>Mailing Address PO Box 2050</p>		<p>Amount of Each Disbursement this Period  <table border="1"> <tr> <td>1000.00</td> </tr> </table> </p>		1000.00																			
1000.00																							
<p>City State Zip Code Salem OR 97308</p>	<p>Purpose of Disbursement  <table border="1"> <tr> <td>011</td> </tr> </table> </p>	011	<p>Candidate Name Rep. Darlene Hooley</p>																				
011																							
<p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p>	<p>Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ 2006 Congress Genera</p>	<p>State: OR District: 5</p>																					

<p><b>C.</b> Full Name (Last, First, Middle Initial) Hoyer For Congress</p>		<p><b>Transaction ID:</b> 24717435 <b>Date of Disbursement</b>  <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td>/</td><td>0</td><td>5</td><td>/</td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table> </p>		M	M	/	D	D	/	Y	Y	Y	Y	1	0	/	0	5	/	2	0	0	6
M	M	/	D	D	/	Y	Y	Y	Y														
1	0	/	0	5	/	2	0	0	6														
<p>Mailing Address 7905 Malcolm Road Suite 102</p>		<p>Amount of Each Disbursement this Period  <table border="1"> <tr> <td>2500.00</td> </tr> </table> </p>		2500.00																			
2500.00																							
<p>City State Zip Code Clinton MD 20735</p>	<p>Purpose of Disbursement  <table border="1"> <tr> <td>011</td> </tr> </table> </p>	011	<p>Candidate Name Rep. Steny H. Hoyer</p>																				
011																							
<p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p>	<p>Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ 2006 Congress Genera</p>	<p>State: MD District: 5</p>																					

<p><b>SUBTOTAL</b> of Disbursements This Page (optional) .....</p>	<p><b>5500.00</b></p>
<p><b>TOTAL</b> This Period (last page this line number only) .....</p>	

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial) <b>A. John Lewis For Congress</b>		Transaction ID: 24717420 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 0 5 / 2 0 0 6
Mailing Address 1520 Pinehurst Drive SW		Amount of Each Disbursement this Period 2500.00
City Atlanta State GA Zip Code 30311	Purpose of Disbursement 011 Category/Type	
Candidate Name Rep. John Lewis	Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ 2006 Congress Genera	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: GA District: 5		

Full Name (Last, First, Middle Initial) <b>B. Michaud For Congress</b>		Transaction ID: 24717431 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 0 5 / 2 0 0 6
Mailing Address P.O. Box 1119 11 Bangor Mall Blvd. Suite D		Amount of Each Disbursement this Period 2000.00
City Lewiston State ME Zip Code 04243	Purpose of Disbursement 011 Category/Type	
Candidate Name Mr. Michael Michaud	Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ 2006 Congress Genera	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: ME District:		

Full Name (Last, First, Middle Initial) <b>C. Lot Of People For Dave Obey</b>		Transaction ID: 24717429 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 0 5 / 2 0 0 6
Mailing Address 525 Washington St PO Box 1322		Amount of Each Disbursement this Period 2500.00
City Wausau State WI Zip Code 54402	Purpose of Disbursement 011 Category/Type	
Candidate Name Rep. David R. Obey	Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ 2006 Congress Genera	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WI District: 7		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	7000.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	.....

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 82 / 89

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial) <b>A. Pallone For Congress</b>		<b>Transaction ID: 24717516</b>	
Mailing Address PO Box 3176		Date of Disbursement 10 / 05 / 2006	
City Long Branch	State NJ	Zip Code 07740	Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement		011 Category/ Type	
Candidate Name Rep. Frank Pallone, Jr.			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ 2006 Congress Genera		
State: NJ District: 6			

Full Name (Last, First, Middle Initial) <b>B. Nancy Pelosi For Congress</b>		<b>Transaction ID: 24717418</b>	
Mailing Address 235 Montgomery Street, Suite 610 Suite 610		Date of Disbursement 10 / 05 / 2006	
City San Francisco	State CA	Zip Code 94104	Amount of Each Disbursement this Period 3000.00
Purpose of Disbursement		011 Category/ Type	
Candidate Name Rep. Nancy Pelosi			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ 2006 Congress Genera		
State: CA District: 8			

Full Name (Last, First, Middle Initial) <b>C. Pickering For Congress</b>		<b>Transaction ID: 24717575</b>	
Mailing Address P.O. Box 6440 P.O. Box 6440		Date of Disbursement 10 / 05 / 2006	
City Laurel	State MS	Zip Code 39441	Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement		011 Category/ Type	
Candidate Name Rep. Charles W. Pickering, Jr.			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ 2006 Congress Genera		
State: MS District: 3			

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>5000.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

**A.** Rangel For Congress

Mailing Address PO Box 5577  
Manhattanville Sta

City New York State NY Zip Code 10027

Purpose of Disbursement

011  
Category/  
Type

Candidate Name  
Rep. Charles B. Rangel

Office Sought:  House  Senate  President  
State: NY District: 15  
Disbursement For: 2006  
 Primary  General  
 Other (specify) ▼  
2006 Congress Genera

Transaction ID: 24717587

Date of Disbursement

10 / 05 / 2006

Amount of Each Disbursement this Period

4000.00

Full Name (Last, First, Middle Initial)

**B.** Friends Of John Tanner

Mailing Address Post Office Box 1994  
Post Office Box 1994

City Union City State TN Zip Code 38281

Purpose of Disbursement

011  
Category/  
Type

Candidate Name  
Rep. John S. Tanner

Office Sought:  House  Senate  President  
State: TN District: 8  
Disbursement For: 2006  
 Primary  General  
 Other (specify) ▼  
2006 Congress Genera

Transaction ID: 24717414

Date of Disbursement

10 / 05 / 2006

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

**C.** Friends Of Jim Clyburn

Mailing Address PO Box 12567

City Columbia State SC Zip Code 29211

Purpose of Disbursement

011  
Category/  
Type

Candidate Name  
Rep. James Clyburn

Office Sought:  House  Senate  President  
State: SC District: 6  
Disbursement For: 2006  
 Primary  General  
 Other (specify) ▼  
2006 Congress Genera

Transaction ID: 24717419

Date of Disbursement

10 / 05 / 2006

Amount of Each Disbursement this Period

2500.00

**SUBTOTAL** of Disbursements This Page (optional) .....

8500.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial) <b>A. Lewis For Congress Committee</b>		<b>Transaction ID: 24717584</b> Date of Disbursement 10 / 05 / 2006	
Mailing Address P.O. Box 247		Amount of Each Disbursement this Period 2500.00	
City Redlands State CA Zip Code 92373	Purpose of Disbursement 011 Category/Type	Candidate Name Rep. Jerry Lewis	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 41	Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ 2006 Congress Genera		

Full Name (Last, First, Middle Initial) <b>B. Larson For Congress</b>		<b>Transaction ID: 24717417</b> Date of Disbursement 10 / 05 / 2006	
Mailing Address 29 Ruff Circle		Amount of Each Disbursement this Period 2500.00	
City Glastonbury State CT Zip Code 06033	Purpose of Disbursement 011 Category/Type	Candidate Name Rep. John Larson	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CT District: 1	Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ 2006 Congress Genera		

Full Name (Last, First, Middle Initial) <b>C. Volunteers For Shimkus</b>		<b>Transaction ID: 24717421</b> Date of Disbursement 10 / 05 / 2006	
Mailing Address P.O. Box 5458 PO Box 5458		Amount of Each Disbursement this Period 1000.00	
City Springfield State IL Zip Code 62705	Purpose of Disbursement 011 Category/Type	Candidate Name Rep. John Shimkus	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 19	Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ 2006 Congress Genera		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	6000.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	.....

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

<p><b>A.</b> Hatch Election Committee Inc</p> <p>Full Name (Last, First, Middle Initial)</p> <p>Hatch Election Committee Inc</p> <p>Mailing Address 175 South West Temple Suite 650</p> <p>City Salt Lake City State UT Zip Code 84101</p> <p>Purpose of Disbursement <input type="checkbox"/> 011 Category/Type</p> <p>Candidate Name Sen. Orrin Hatch</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: UT District: 1</p>		<p><b>Transaction ID:</b> 24717551</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="0"/> <input type="text" value="5"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="6"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="2000.00"/></p>
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<p><b>B.</b> Friends Of Dennis Cardoza</p> <p>Full Name (Last, First, Middle Initial)</p> <p>Friends Of Dennis Cardoza</p> <p>Mailing Address 555 Capitol Mall Suite 1425</p> <p>City Sacramento State CA Zip Code 95814</p> <p>Purpose of Disbursement <input type="checkbox"/> 011 Category/Type</p> <p>Candidate Name Rep. Dennis Cardoza</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼</p> <p>State: CA District: 18</p> <p>2006 Congress Genera</p>		<p><b>Transaction ID:</b> 24717539</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="0"/> <input type="text" value="5"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="6"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="2000.00"/></p>
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<p><b>C.</b> Feinstein For Senate</p> <p>Full Name (Last, First, Middle Initial)</p> <p>Feinstein For Senate</p> <p>Mailing Address 601 S Glenoaks Blvd #211</p> <p>City Burbank State CA Zip Code 91502</p> <p>Purpose of Disbursement <input type="checkbox"/> 011 Category/Type</p> <p>Candidate Name Sen. Dianne Feinstein</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: CA District: 1</p>		<p><b>Transaction ID:</b> 24717425</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="0"/> <input type="text" value="5"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="6"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="3000.00"/></p>
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<p><b>SUBTOTAL</b> of Disbursements This Page (optional) .....</p>	<p><input type="text" value="7000.00"/></p>
<p><b>TOTAL</b> This Period (last page this line number only) .....</p>	<p><input type="text"/></p>

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial) <b>A. Friends Of Robert C Byrd Committee</b>		<b>Transaction ID: 24717581</b> Date of Disbursement 10 / 05 / 2006
Mailing Address 607 14th Street Nw Suite 800		Amount of Each Disbursement this Period 2500.00
City Washington State DC Zip Code 20005	011 Category/ Type	
Purpose of Disbursement		
Candidate Name Sen. Robert Byrd		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: WV District: 1	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Roskam For Congress Committee</b>		<b>Transaction ID: 24717591</b> Date of Disbursement 10 / 05 / 2006
Mailing Address 141 Shelley Lane		Amount of Each Disbursement this Period 2000.00
City Wheaton State IL Zip Code 60187	011 Category/ Type	
Purpose of Disbursement		
Candidate Name Mr. Peter Roskam		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 6	Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ 2006 Congress Genera	

Full Name (Last, First, Middle Initial) <b>C. Solis For Congress</b>		<b>Transaction ID: 24717580</b> Date of Disbursement 10 / 05 / 2006
Mailing Address 6380 Wilshire Blvd. #1612		Amount of Each Disbursement this Period 1000.00
City Los Angeles State CA Zip Code 90048	011 Category/ Type	
Purpose of Disbursement		
Candidate Name Rep. Hilda Solis		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 32	Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ 2006 Congress Genera	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	5500.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	.....

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 87 / 89

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial) <b>A. IMPACT</b>		<b>Transaction ID:</b> 24717586 Date of Disbursement
Mailing Address 509 Madison Avenue Suite 1902		<input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="0"/> <input type="text" value="5"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="6"/>
City New York	State NY	Zip Code 10022
Purpose of Disbursement		Amount of Each Disbursement this Period
Candidate Name		<input type="text" value="2500.00"/>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		<input type="text" value="011"/> Category/ Type
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Shelley Sekula-Gibbs For Congress Campaign Committ</b>		<b>Transaction ID:</b> 24717589 Date of Disbursement
Mailing Address PO Box 890954		<input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="0"/> <input type="text" value="5"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="6"/>
City Houston	State TX	Zip Code 77289
Purpose of Disbursement		Amount of Each Disbursement this Period
Candidate Name Shelley Sekula-Gibbs		<input type="text" value="1000.00"/>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		<input type="text" value="011"/> Category/ Type
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼		
State: TX District: 22	2006 Congress Genera	

Full Name (Last, First, Middle Initial) <b>C. Christopher Shays For Congress Committee</b>		<b>Transaction ID:</b> 24717588 Date of Disbursement
Mailing Address 98 East Avenue Rear Building		<input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="0"/> <input type="text" value="5"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="6"/>
City Norwalk	State CT	Zip Code 06851
Purpose of Disbursement		Amount of Each Disbursement this Period
Candidate Name Rep. Christopher Shays		<input type="text" value="1000.00"/>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		<input type="text" value="011"/> Category/ Type
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼		
State: CT District: 4	2006 Congress Genera	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="4500.00"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

**A. TRUST PAC**

Mailing Address 228 S. Washington Street  
Suite 115

City Alexandria State VA Zip Code 22314

Purpose of Disbursement

011  
Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District: Disbursement For:  Primary  General  Other (specify) ▼

Transaction ID: 24717409

Date of Disbursement

10 / 05 / 2006

Amount of Each Disbursement this Period

1500.00

Full Name (Last, First, Middle Initial)

**B. King For Congress**

Mailing Address 126 Des Moines Street  
P.O. Box 576

City Odebolt State IA Zip Code 51458

Purpose of Disbursement

011  
Category/  
Type

Candidate Name  
Rep. Steve King

Office Sought:  House  Senate  President  
State: IA District: 5 Disbursement For: 2006  Primary  General  Other (specify) ▼  
2006 Congress Genera

Transaction ID: 24799095

Date of Disbursement

10 / 11 / 2006

Amount of Each Disbursement this Period

1000.00

**SUBTOTAL** of Disbursements This Page (optional) .....

2500.00

**TOTAL** This Period (last page this line number only) .....

81500.00

**SCHEDULE E (FEC Form 3X)  
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) Political Action Committee of the American Association of Orthopaedic Surgeons	<b>FEC IDENTIFICATION NUMBER</b> <b>C</b> C00343137
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice	

Full Name (Last, First, Middle, Initial) of Payee  
The White House Writers Group

---

Mailing Address  
1030 15th Street, NW  
11th Floor

---

City	State	Zip Code
Washington	DC	20005

---

Purpose of Expenditure Radio and print ads in support of Nancy	Category/Type 004
---	----------------------

---

Name of Federal Candidate supported or Opposed by expenditure:  
Rep. Nancy L. Johnson

---

Calendar Year-To-Date Per Election for Office Sought	100000.00
--	-----------

Date  
M M / D D / Y Y Y Y  
1 0 / 1 7 / 2 0 0 6

Amount  
100000.00

**Transaction ID:** 24827574

Office Sought:  House State: CT  
 Senate District: 5  
 Presidential

Check One:  Support  Oppose

Disbursement For:  Primary  General 2006  
 Other (specify) : 2006 Congress Genera

Full Name (Last, First, Middle, Initial) of Payee  
The White House Writers Group

---

Mailing Address  
1030 15th Street, NW  
11th Floor

---

City	State	Zip Code
Washington	DC	20005

---

Purpose of Expenditure Print and radio ads in support of Rick S	Category/Type 004
--	----------------------

---

Name of Federal Candidate supported or Opposed by expenditure:  
Sen. Rick Santorum

---

Calendar Year-To-Date Per Election for Office Sought	200000.00
--	-----------

Date  
M M / D D / Y Y Y Y  
1 0 / 1 7 / 2 0 0 6

Amount  
200000.00

**Transaction ID:** 24827900

Office Sought:  House State: PA  
 Senate District: 2  
 Presidential

Check One:  Support  Oppose

Disbursement For:  Primary  General 2006  
 Other (specify) : \_\_\_\_\_

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures .....	300000.00
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....	0.00
(c) <b>TOTAL</b> Independent Expenditures .....	300000.00

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

William J. Robb, III, MD  
Signature

Date M M / D D / Y Y Y Y  
1 0 / 2 0 / 2 0 0 6